

Standard Operating Procedure: Audiology-led wax management pathway

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	March 2023

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation

Circulated to the following for Consultation

Date	Role / Designation
02/11/2022	Ear Care Nurses
02/11/2022	Therapies Hub
06/03/2023	Heads of Therapies and Health Sciences

Evidence Base
<p>Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?</p> <ul style="list-style-type: none"> • British Society of Audiology (BSA) Recommended Procedure – Ear examination • British Society of Audiology (BSA) Practice Guidance – Aural Care (Ear Wax Removal), August 2019 • Welsh Government, Self Management of Ear Wax – A Guide for Patients • Welsh Health Circular WHC/2020/014 Ear Wax Management Primary Care and Community Pathway, Welsh Government 2020 • • PTHB Policies: • Policy for Children and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV) Reference No: PTHB / SGP 047 Issue Date: Dec 2021

- PTHB Audiology IMP Step Guide
- PTHB Aud 002 Direct referral Protocol, 2022
- PTHB GNP 062 Ear Care Protocol and Procedure (including ear irrigation, aural toilet, ear instrumentation, advice of softening agents and microsuction)

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
Age	x				<p>The purpose of this document is to outline the requirements of all staff involved in the self-referral wax management pathway, to ensure that patients are seen promptly and safely, whilst considering the requirements of the Welsh Health Circular (WHC) 2020 014 Ear wax Management Primary Care and Community Pathway and recommended procedures detailed by the British Society of Audiology (BSA) and Rotherham Ear Care guidelines.</p>
Disability	x				
Gender reassignment	x				
Pregnancy and Maternity	x				
Race	x				
Religion or Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and Civil Partnership	x				
Welsh Language	x				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p>					

If yes, note the risk/s and action taken to mitigate. If no please state no risks identified
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? As above
Have you identified any training and / or resource implications as a result of implementing this? Please record any training or resource issues /requirements associated with the implementation of your document.

1 Introduction

This document outlines the standard operating procedures (SOP) for the self-referral wax removal pathway.

Ear wax is produced by the ear as part of its natural process of cleaning and protection and in the majority of cases it does not need to be removed. In some cases a person with a build-up of wax can self-manage by applying wax softener drops. Sometimes, wax can build up and become impacted and cause difficulties such as;

- Hearing loss
- Discomfort
- Earache
- Feeling of blocked ear
- Tinnitus

For those using hearing aids, wax can also reduce the benefit from the hearing aid, or cause acoustic feedback from the hearing aid.

Ear wax build up is a common and significant health complaint; approximately 3% of the population present with ear wax each year (WHC/2020/014). There is a population of around 139,091 individuals registered with Powys THB general practices (based on population registered with GP practices as at June 2020), requiring approximately 4,173 wax removal appointments.

These appointments should be offered at primary and community sites across Powys, allowing for care closer to the patient's home. At the time of approval of this SOP, appointments are available at;

- Machynlleth Hospital
- Welshpool Health Centre
- Newtown Hospital
- Knighton Hospital
- Bronllys Hospital
- Llandrindod Wells Hospital
- Ystradgynlais Hospital
- Glan Irfon, Builth Wells

The Welsh Health Circular also presents a requirement of staff to promote self-management of ear wax where clinically appropriate, empowering people to better manage their own care.

2 Objective

The purpose of this document is to outline the requirements of all staff involved in the self-referral wax management pathway, to ensure that patients are seen

promptly and safely, whilst considering the requirements of the Welsh Health Circular (WHC) 2020 014 Ear wax Management Primary Care and Community Pathway and recommended procedures detailed by the British Society of Audiology (BSA) and Rotherham Ear Care guidelines.

This document outlines the protocol for:

- Referral into the pathway
- Referral criteria and triage of the referrals
- Inputting of the referral and the appointment booking process
- Otoscopy and wax removal procedures
- Promotion and instruction of self-management of ear wax
- Onward referrals and reports
- Outcome measures and Audit

3 Definitions (Mandatory Heading)

- **PTHB** – Powys Teaching Health Board
- **SOP** – Standard Operating Procedure
- **WHC** – Welsh Health Circular
- **BSA** – British Society of Audiology
- **ECN** – Ear Care Nurse
- **EAM** – External Auditory Meatus
- **TM** – Tympanic Membrane
- **Wax removal** – Removal of any wax/debris from the external auditory meatus
- **Aural Care** – General care of the external auditory meatus
- **Ear Irrigation** – A method of wax removal using water
- **Microsuction** – A method of wax removal using suction and a microscope
- **Instrumental removal of wax** – A method of wax removal using a manual tool such as a wax hook, a jobson horne, or forceps.

4 Responsibilities

4.1 Professional Head of Audiology

Has a duty to ensure that all clinicians carrying out wax removal for the PTHB Wax management pathway are appropriately trained and have completed the PTHB Audiology Ear Wax Removal Competency Record with a qualified and experienced clinician of the Audiology or Ear Care service.

The professional Head of Audiology has a duty to ensure that all members of staff carrying out wax removal in the Audiology-led wax management pathway are aware of this SOP, have read it, comply with it, and are kept updated with any changes made to it.

<p>4.2 Audiologists</p> <p>Audiology staff have a responsibility to read and ensure that they understand the SOP, that they adhere to the SOP when carrying out procedures and they seek help or guidance from the Professional Head of Audiology if they do not understand or cannot comply with the SOP for any reason. They have a duty to ensure that no breach of this SOP occurs from their actions and they bring to the attention of the Professional Head of Audiology or Advanced Audiology Practitioners any area that could be more effectively managed, or risk minimised by a further review of this policy.</p>
<p>4.3 Ear Care Nurses</p> <p>Have a duty to be aware of this SOP and to ensure that they have read it each time it is amended or reviewed. Ear Care Nurses have a duty to provide clinically specialist advice and support to Audiologists.</p>
<p>4.4 Therapies Hub</p> <p>Wax removal appointments are booked by the Therapies Hub. Staff in the Therapies Hub arranging appointments for the wax management pathway have a duty to follow the guidance offered in this SOP and to bring to the attention of the Professional Head of Audiology or Advanced Audiology Practitioners any area that could be more effectively managed, or risk minimised by a further review of this policy.</p>
<p>4.5 Patients</p> <p>Patients are asked to self-manage the build-up of wax by applying wax softener drops to the ear prior to the appointment. In some cases, this will facilitate the wax to come out of the ear naturally and avoid the need for intervention, if not, the drops will soften the wax to aid safe and comfortable removal.</p>
<p>5. Referrals</p>
<p>5.1 Referral Criteria</p> <p>All Powys patients experiencing a build-up of wax who are not already seeing the Ear Care Nurse for routine ear-care treatment are able to self-refer to the Audiology-led Wax Management Pathway.</p>
<p>5.2 Exclusion criteria</p> <p>Patients who are already on the Ear Care lists for routine appointments with the Ear Care Nurse will be contacted by patient services, and offered appointments</p>

with the Ear Care Nurse. This process has not changed since introduction of the Audiology-led pathway.

The Audiology-led wax management pathway is not suitable for patients experiencing;

- Altered sensation or numbness in the face
- Pain in the ears
- An active infection or discharge from your ear/s
- Sudden hearing loss (over a period of three (3) days)

These patients should seek immediate medical/GP support.

Patients who have had ear surgery can refer in to the pathway, however, at triage they will be forwarded on to the Ear Care Nurse.

5.3 Referral Form

A referral form will be offered as an online form, a printable form available from the Audiology and Ear Care pages of the PTHB website, and as a paper copy available from audiology departments, ear care nurses, hospital receptions and GP practices. The referral form may be adapted and amended and will be appropriately disseminated each time.

The referral form will capture all the information required to triage the patient to Audiologist/Ear Care Nurse/ENT or in very few cases, back to the GP.

To ensure that patients with urgent clinical need are not referring to this pathway, the referral form will open with the following question;

1.If you are currently experiencing any of the following

PLEASE DO NOT PROCEED WITH THIS REFERRAL
PLEASE SEEK IMMEDIATE MEDICAL / GP SUPPORT

If you are **NOT** experiencing any of the above, *please click NEXT below to move onto Step 2*

- Altered sensation or numbness in your face?
- Pain in your ears?
- An active ear infection or discharge from your ear/s
- Sudden hearing loss (over a period of three (3) days)

The referral form will be structured to advise self-management with wax softener drops for those patients where it is clinically-appropriate to do so, and to advise avoidance of use of olive oil drops where not appropriate. In question 2, the patient is asked;

2. Are any of the following statements relevant to your referral?

You are completing this referral for a child four years of age or younger

- You have significant pain or discharge from either or both ears
- You have past history of perforation of the ear drum
- You have had an ear infection within the last six weeks
- You have a history of cleft palate or ear surgery
- You have been advised by an healthcare professional to avoid getting water in your ear

If the patient selects one of these answers, they are not taken to the instructions recommending self-management with wax softener drops.

Patients will be asked personal details that will allow the Therapies Hub to input the patient data on to Auditbase (the audiology patient database) and to offer them an appointment. The referral form will ask for any specific requirements in terms of language, interpreters, chaperones, ambulance transport, and the patient's preferred clinic to attend.

Information regarding wax and self-management will be on the website page with the online form, so that patients are informed when they are completing the form.

6 Triage of the Referral

Audiologists and Ear Care nurses working in the Audiology-led wax management pathway are able to triage the referrals. If a clinician is in doubt and it is not clear from this SOP, they should consult the Professional Head of Audiology or an Ear Care Nurse.

6.1 The Process of triage

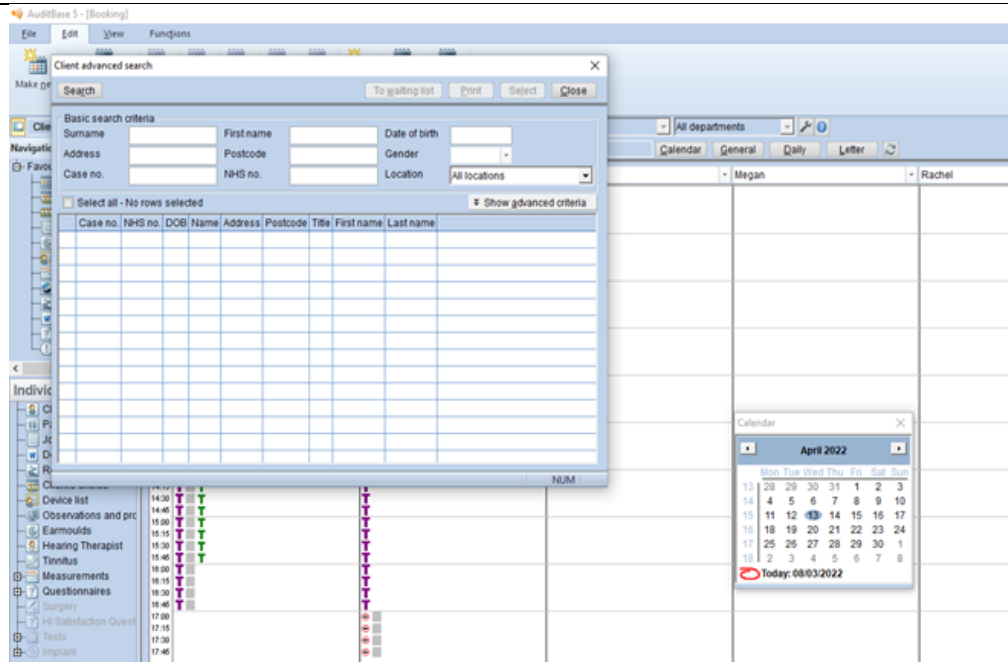
The Therapies Hub:

Both online and paper referral forms are received in the Therapies Hub (Contact Centre). The patient information should be added into the South Powys Auditbase system, using the following sections of Auditbase:

- Client information
- Referral module
- Waiting list
- Journal (if appropriate).

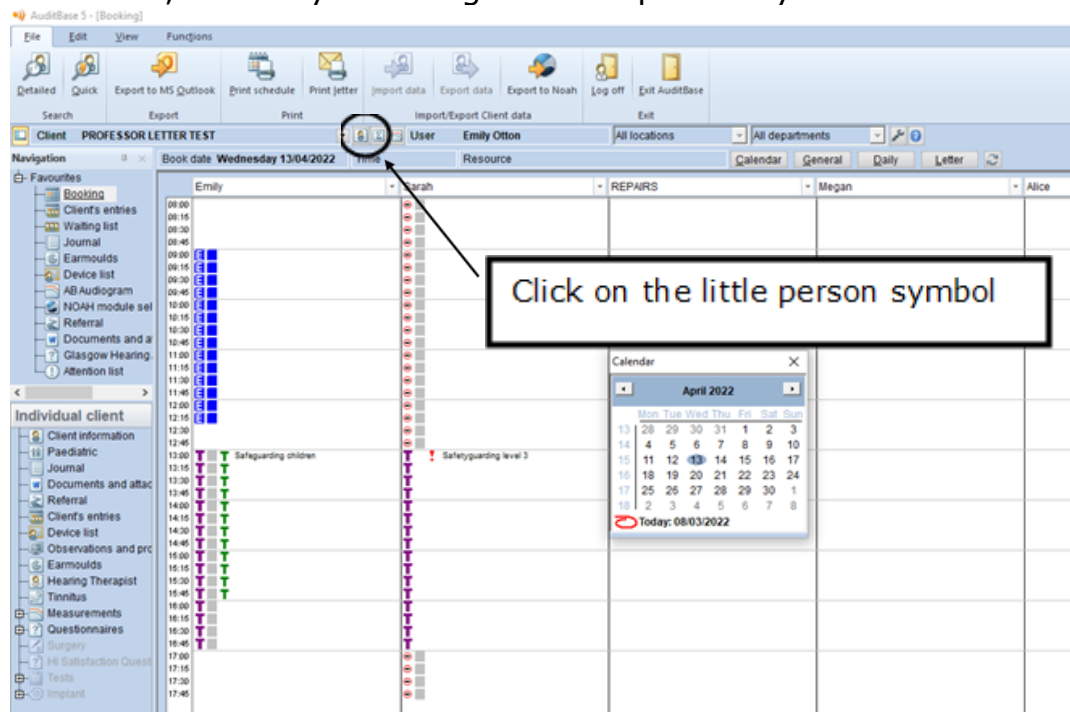
Once entered in accordance with the following guidelines, the referral should be saved in the folder "New referrals input to Auditbase and awaiting Triage". Save As name is the patient's full name and P number.

- Hub to first check if the patient is already in the south powys Auditbase system. To search for a patient press "F3" on the keyboard and it will bring up this screen:



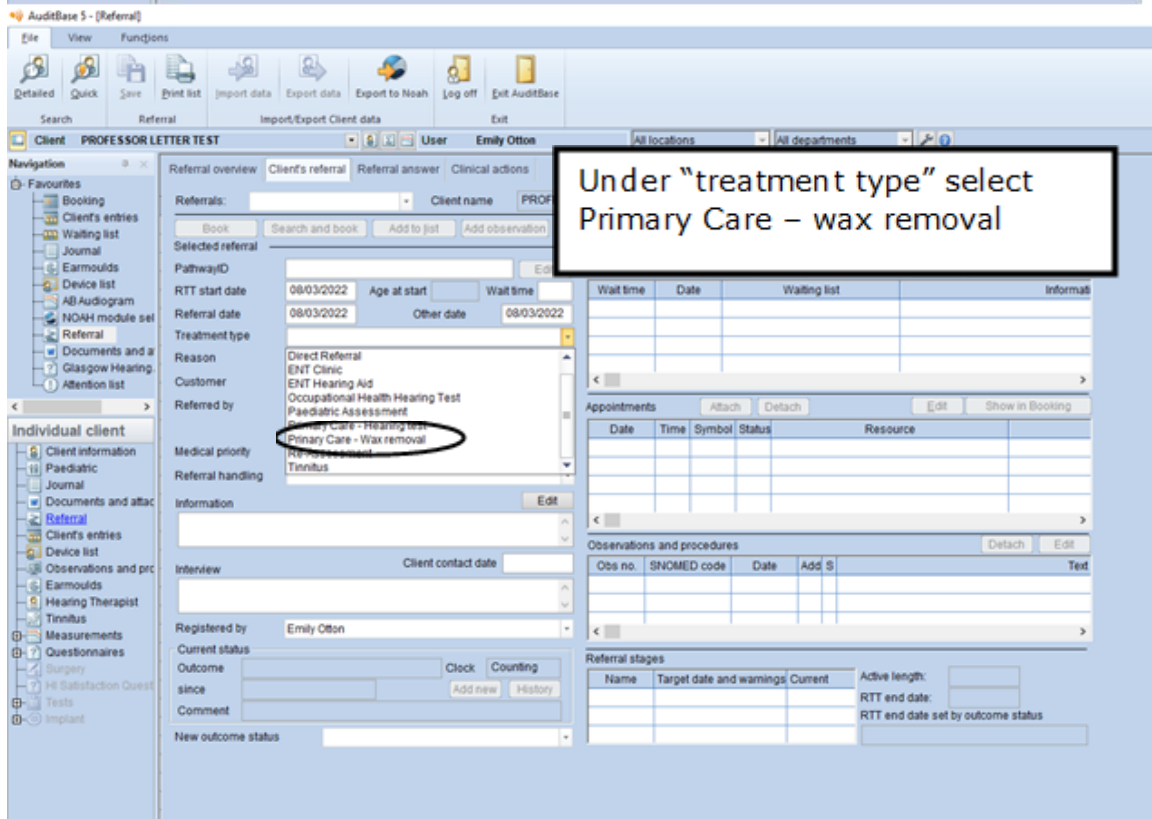
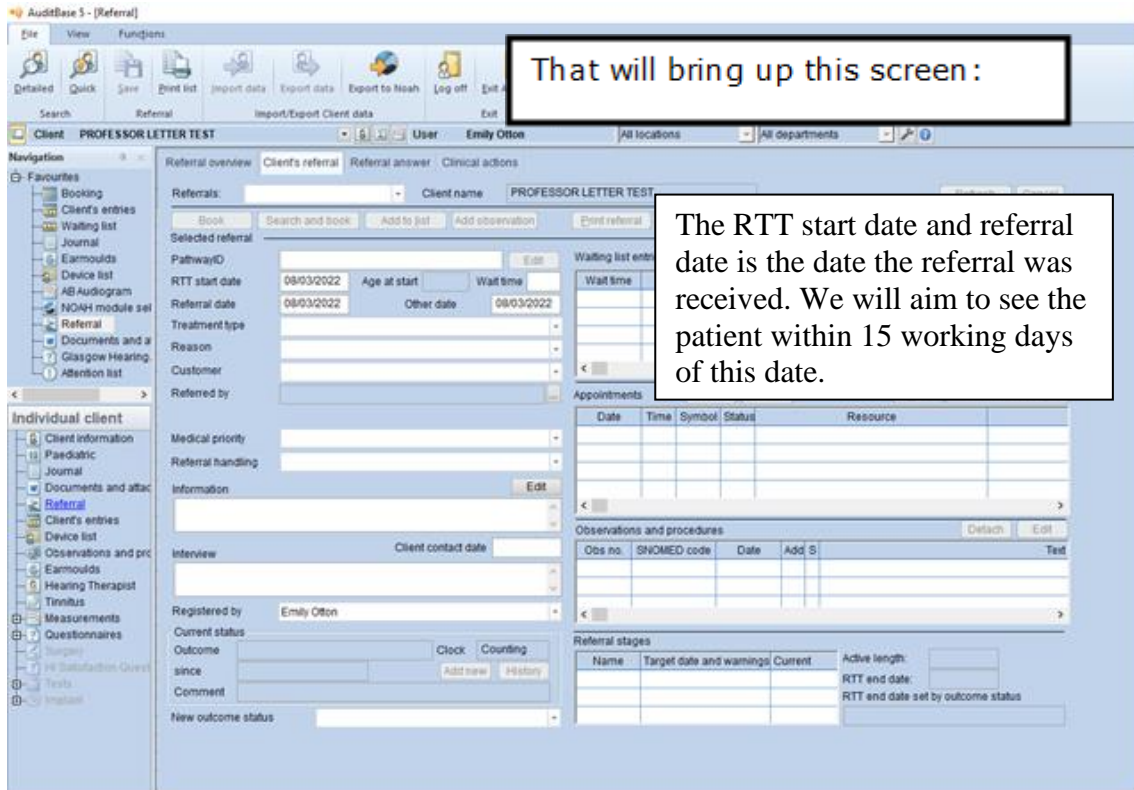
You can search for the patient using name, date of birth, address, case number (P number) or NHS number.

- If the patient is not already on Auditbase, set up a new patient in Auditbase by completing all of the headings in the client information screen, found by selecting the little person symbol as shown below.



- Therapies Hub to check WPAS to see if the patient is already on an Ear Care waiting list and if so, record this in the patient's journal in Auditbase

- Existing patients will still require a new referral to be added to Auditbase using the guide further below.
- Once you have selected your patient or added them onto the system, they will need to have a referral created; select the “Referral” heading from the list on the left :



AudinBase 5 - [Referral]

File View Functions

Search Referral Import/Export Client data Exit

Client PROFESSOR LETTER TEST User Emily Otton All locations All departments

Referral overview: Client's referral Referral answer Clinical actions

Referrals: Client name PROFESSOR LETTER TEST Refresh Cancel

Book Search and book Add to list Add observation Print referral Print script Print anaglyph New Save Delete

Selected referral

PathwayID Edit

RTT start date 08/03/2022 Age at start Wait time

Referral date 08/03/2022 Other date 08/03/2022

Treatment type

Reason

Customer

Referred by

Medical priority

Referral handling

Information

Interview Client contact date

Registered by Emily Otton

Current status

Outcome since Clock Counting Add new History

Comment

New outcome status

Waiting list entries

Wait time	Date	Waiting list	Informal

Appointments

Obs no.	SNOMED code	Date	Add S	Text

Referral stages

Name	Target date and warnings	Current	Active length:
			RTT end date
			RTT end date set by outcome status

Under "Reason" select Self-referral

AuditBase 5 - [Referral]

Client: PROFESSOR LETTER TEST | User: Emily Otton

Navigation: Favourites (Booking, Client's entries, Waiting list, Journal, Earmoulds, Device list, AB Audiogram, NOAH module sel, Referral, Documents and a, Glasgow Hearing, Attention list)

Individual client: Client information, Paediatric, Journal, Documents and attac, Referral, Client's entries, Device list, Observations and prc, Earmoulds, Hearing Therapist, Tinnitus, Measurements, Questionnaires, HI Satisfaction Quest, Tests, Implant

Referral overview: Client's referral | Referral answer | Clinical actions

Referrals: Client name: PROFESSOR LETTER TEST

Selected referral: PathwayID, RTT start date: 08/03/2022, Age at start, Wait time, Referral date: 08/03/2022, Other date: 08/03/2022, Treatment type, Reason, Customer: POWYS LOCAL HEALTH BOARD, Referred by: Client GP's CCG ... Referred by CCG ..., Medical priority, Referral handling, Information, Interview, Client contact date, Registered by: Emily Otton, Current status, Outcome since, Comment, New outcome status

Appointments: Attach, Detach, Edit, Show in Booking

Date	Time	Symbol	Status	Resource
------	------	--------	--------	----------

Observations and procedures: Detach, Edit

Obs no.	SNOMED code	Date	Add S	Text
---------	-------------	------	-------	------

Referral stages: Name, Target date and warnings, Current, Active length, RTT end date, RTT end date set by outcome status

Under "Customer" select Powys Local Health Board

AuditBase 5 - [Referral]

Client: PROFESSOR LETTER TEST | User: Emily Otton

Navigation: Favourites (Booking, Client's entries, Waiting list, Journal, Earmoulds, Device list, AB Audiogram, NOAH module sel, Referral, Documents and a, Glasgow Hearing, Attention list)

Individual client: Client information, Paediatric, Journal, Documents and attac, Referral, Client's entries, Device list, Observations and prc, Earmoulds, Hearing Therapist, Tinnitus, Measurements, Questionnaires, HI Satisfaction Quest, Tests, Implant

Referral overview: Client's referral | Referral answer | Clinical actions

Referrals: Client name: PROFESSOR LETTER TEST

Selected referral: PathwayID, RTT start date: 08/03/2022, Age at start, Wait time, Referral date: 08/03/2022, Other date: 08/03/2022, Treatment type, Reason, Customer, Referred by: [Dropdown menu open: Create new, Search all, Select from list, Clear field]

Waiting list entry: Waiting list entry, Wait time

Appointments: Attach, Detach, Edit, Show in Booking

Date	Time	Symbol	Status	Resource
------	------	--------	--------	----------

Observations and procedures: Detach, Edit

Obs no.	SNOMED code	Date	Add S	Text
---------	-------------	------	-------	------

Referral stages: Name, Target date and warnings, Current, Active length, RTT end date, RTT end date set by outcome status

You then need to select the "Referred by" by pressing the three dots at the end and selecting "search all"

This box will appear:

Type self-referral into the name box and press enter

Then double click on one of the two self-referrals that pop up

The screenshot shows a software interface with a search window. The search window has a 'Name' field containing 'self-referra'. Below the search window is a table with two rows, both labeled 'Other' and containing 'SELF-REFERRA'. The main interface below the search window shows a 'Registered by' field with 'Emily Otton' and a 'Referral stages' table with columns for 'Name', 'Target date and warnings', 'Current', and 'Active length'. There are also fields for 'RTT end date' and 'RTT end date set by outcome status'.

Type	GP Code	Title	First name	Surname/Name	Information	Practice code	Address	Postcode	Phone number	Fax number	Email	CCG code	CCG name
Other				SELF-REFERRA									
Other				SELF-REFERRA									

Name	Target date and warnings	Current	Active length:
			RTT end date:
			RTT end date set by outcome status

When all these sections are filled, press save

The screenshot shows the 'Client PROFESSOR LETTER TEST' form in the AuditBase 5 software. The form is divided into several sections: 'Selected referral', 'Waiting list entries', 'Appointments', 'Observations and procedures', and 'Referral stages'. The 'Selected referral' section contains fields for PathwayID, RTT start date (08/03/2022), Referral date (08/03/2022), Treatment type (Primary Care - Wax removal), Reason (Self-referral), Customer (POWYS LOCAL HEALTH BOARD), and Referred by (SELF-REFERRAL). The 'Waiting list entries' section has a table with columns for Wait time, Date, and Waiting list. The 'Appointments' section has a table with columns for Date, Time, Symbol, Status, and Resource. The 'Observations and procedures' section has a table with columns for Obs no., SNOMED code, Date, Add, S, and Text. The 'Referral stages' section has a table with columns for Name, Target date and warnings, Current, and Active length. The 'Save' button is circled in red.

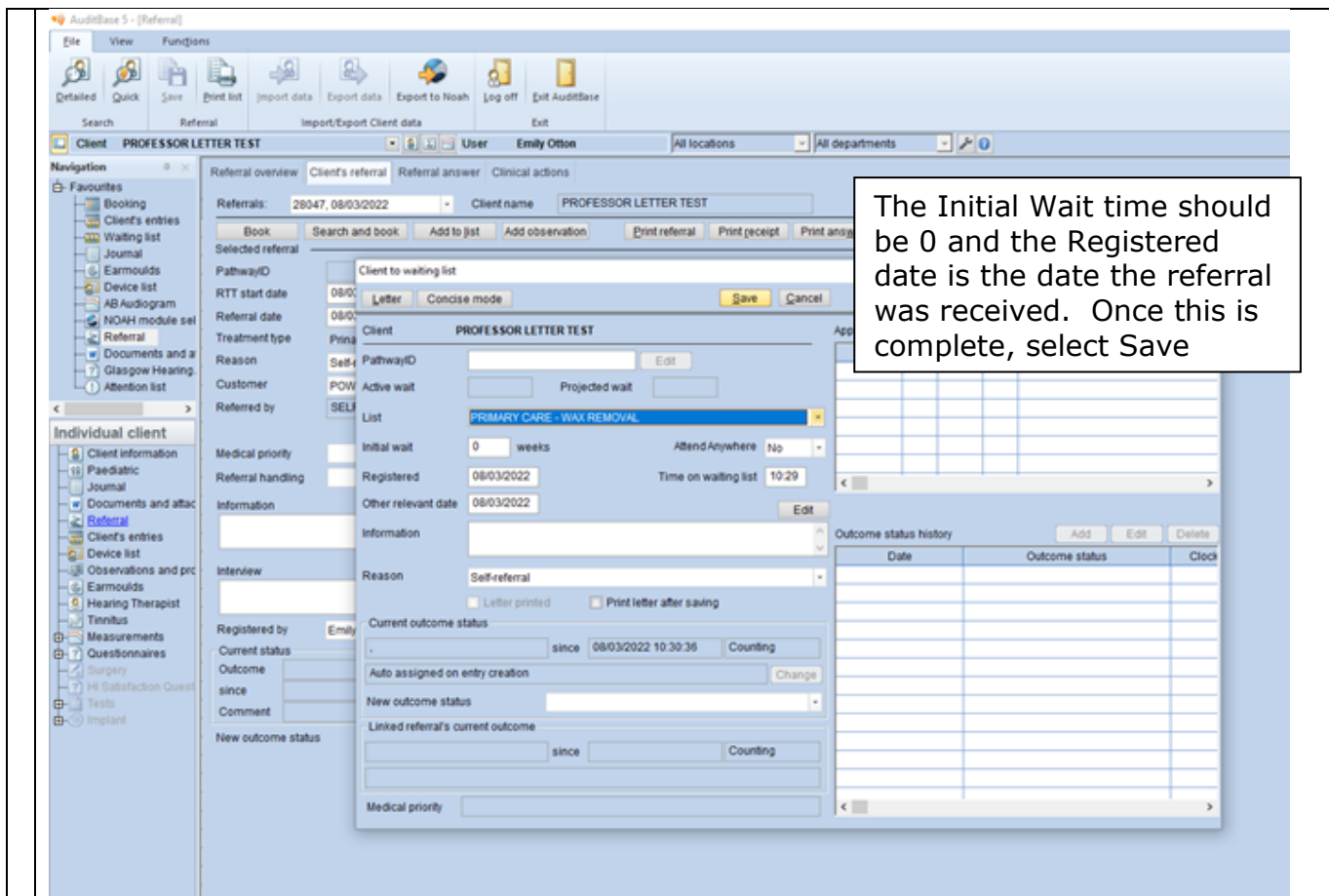
The patient then needs to be added onto the waiting list. To do this:

Press the button labelled "add to list"

The screenshot shows the 'Client PROFESSOR LETTER TEST' form in the AuditBase 5 software. The form is divided into several sections: 'Selected referral', 'Waiting list entries', 'Appointments', 'Observations and procedures', and 'Referral stages'. The 'Selected referral' section contains fields for PathwayID, RTT start date (08/03/2022), Referral date (08/03/2022), Treatment type (Primary Care - Wax removal), Reason (Self-referral), Customer (POWYS LOCAL HEALTH BOARD), and Referred by (SELF-REFERRAL). The 'Waiting list entries' section has a table with columns for Wait time, Date, and Waiting list. The 'Appointments' section has a table with columns for Date, Time, Symbol, Status, and Resource. The 'Observations and procedures' section has a table with columns for Obs no., SNOMED code, Date, Add, S, and Text. The 'Referral stages' section has a table with columns for Name, Target date and warnings, Current, and Active length. The 'Add to list' button is circled in red.

The screenshot displays a software interface for managing referrals. The main window is titled 'Referral overview' and shows details for a client named 'PROFESSOR LETTER TEST'. The interface includes a navigation pane on the left, a toolbar at the top, and a central area for editing referral information. A callout box highlights the 'PRIMARY CARE - WAX REMOVAL' option in the waiting list.

The patient should have stated their preferred clinic site on their referral form. Select the site specific waiting list under Primary Care – Wax Removal options



- Any important information in the referral form relating to booking an appointment should be recorded in the Information section of the above waiting list screen. This should include information such as patient requires ambulance transport, an appointment in Welsh, an interpreter, an appointment at a specific time etc.
- Any important information that the clinician should know within the appointment, such as will bring a chaperone, has memory difficulties, previous issues with wax removal, should be recorded in the patient's journal.
- The Audiologist/Ear Care Nurse
- The audiologist will access the new referrals from the sharepoint folder "New referrals input and awaiting triage".
- The Audiologist/Ear Care Nurse will read the referral and search for the patient on Auditbase, ensuring that the patient has been input on Auditbase and is on the correct waiting list from the correct registered date.
- The Audiologist/Ear Care Nurse will read through the patient's answers and triage according to the Urgent/Routine and Ear Care triage criteria as below.
- If the referral is deemed appropriate for a routine appointment with the Audiologist, and it has been confirmed that the patient is already on the correct waiting list to be seen, the referral form can be moved to the folder "triaged referrals - routine".

Where a referral is triaged to Ear Care, the Audiologist/Ear Care Nurse will:

<ul style="list-style-type: none">• Write a statement to this effect in the patient’s journal• In the referral screen, change the referral outcome to “referral rejected”• From the documents screen, select the Wax removal – referral to ECN letter and write a letter to ECN explaining reason for onward triage and date of the patients referral. Print and attach a copy of the patient’s referral form.• From the documents screen, send the patient the letter “letter to patient – referral has been triaged to Ear Care”• Remove the patient from the waiting list• Move the Patient referral form to the “referrals triaged to ECN” folder <p>If the patient’s referral form is not clear, or they have selected any of the exclusion criteria, the Audiologist/Ear Care Nurse should telephone the patient for further information so that a decision to accept the referral or triage onward can be made.</p>
<p>6.2 Urgent / Routine</p> <p>Most referrals for wax management will be routine referrals. The timescale of referral to treatment as set out by the Welsh Health Circular is 15 working days. A patient could be classed as Urgent if the wax build up is preventing another medical appointment from occurring or putting the patient at risk from not being able to hear due to significant hearing loss or prevention of beneficial hearing aid use. A patient could be classed as urgent if there is any uncertainty in their referral form, and performing full otoscopy and history taking is the only way to clarify the patient’s situation and need for the appointment. A patient classed as Urgent should be booked offered an appointment or cancellation in the next available clinic.</p>
<p>6.3 Triage to Ear Care</p> <ul style="list-style-type: none">• Current or historic Tympanic Membrane perforation• Previous Ear Surgery (except extruded grommets)• Eczema/psoriasis/irritation of the EAC• Previous unsuccessful wax removal by an Audiologist• Children under the age of 11yrs• Foreign Body Removal• Patients with medical conditions which cause tremors, shaking or involuntary movements• Recent Ear Infection• Pain which the GP has confirmed is due to build-up of ear wax <p>Ear Care Services are currently provided from Newtown, Welshpool, Brecon, Llandrindod Wells, Ystradgynlais, and a limited service from Knighton. Referrals to Ear Care should be sent for “Ear Care Nurse referrals” for patients living in North Powys should be sent to Patient Services in Welshpool, Referrals for patients living in South Powys should be sent to Patient Services in Brecon War Memorial Hospital.</p>

6.4 Triage to Ear Nose and Throat

- Recurrent/chronic ear infections
- Abnormal appearance of the Tympanic Membrane or External Auditory Meatus at the Audiologist's clinical discretion.
- Unilateral tinnitus, pulsatile tinnitus
- Vertigo or vestibular symptoms

6.5 Sudden and Rapidly deteriorating hearing loss not likely due to wax

Where patients report a sudden hearing loss within 3 days, they should be advised to attend their local A and E department as per the PTHB SOP AUD 012 Sudden Onset and Rapidly Deteriorating Hearing Loss.

7 Arranging the Wax Removal appointment

Audiology will send Therapies Hub a monthly rota showing which Audiologist is covering which clinic site on which days. The clinics will also be scheduled on the Audiologist's Auditbase calendar. A list of the site colours and appointment symbols, and the rota is available in the sharepoint Wax Management folders.

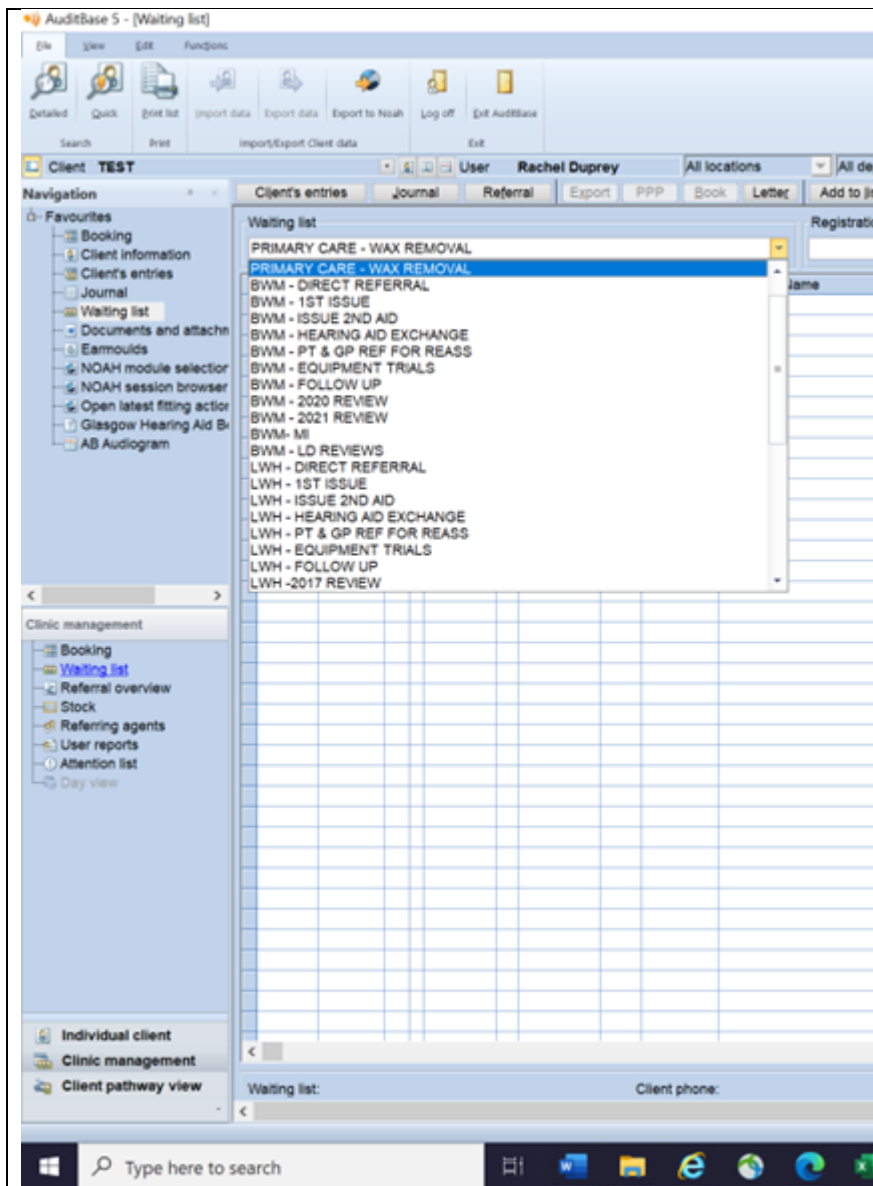
Appointments are scheduled in the Auditbase booking system for a 30 minute appointment. It is important to book the appointment from the patient's waiting list entry as this will remove the patient from the waiting list. If the patient is booked straight on to the booking screen, the appointment is not attached to the referral pathway or the waiting list entry.

To access the waiting list:

The screenshot shows a software application interface for clinic management. The top menu bar includes 'File', 'Edit', 'View', and 'Functions'. Below the menu is a toolbar with icons for 'Detailed', 'Quick', 'Export to MS Outlook', 'Print schedule', 'Print letter', 'Import data', 'Export data', 'Export to Noah', and 'Log off'. The main window title is 'Client TEST' and the user is 'Rachel Duprey'. The interface is divided into several sections:

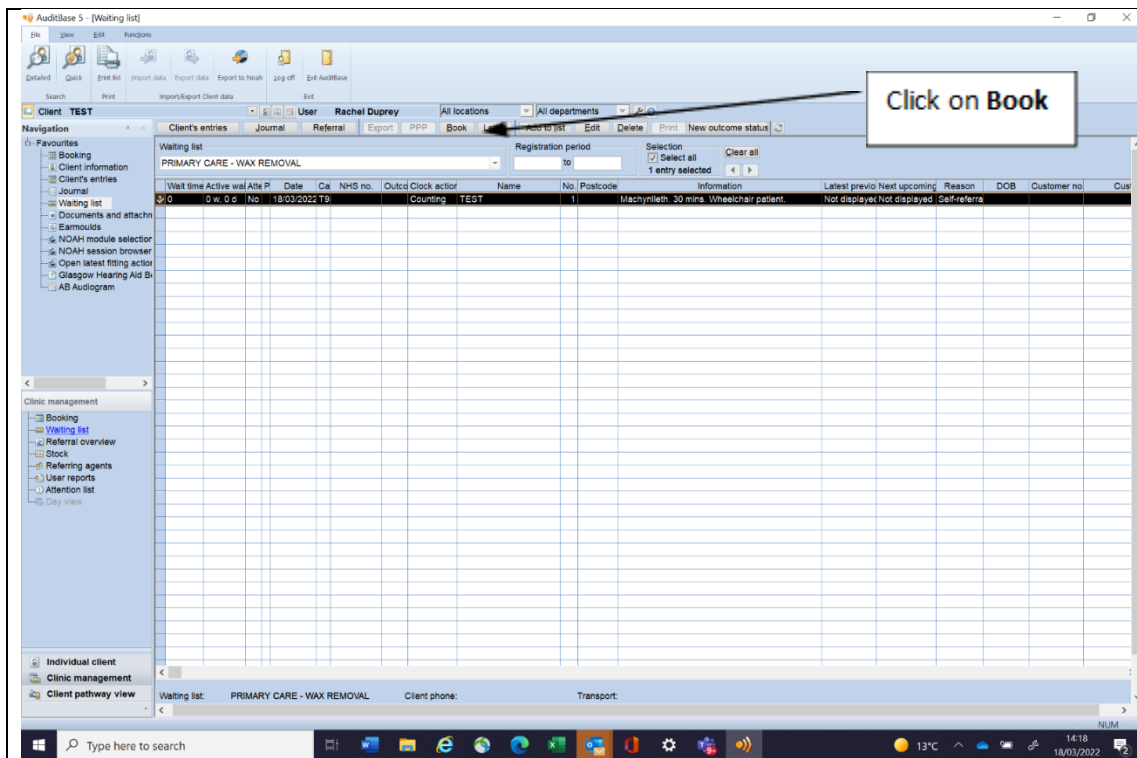
- Navigation:** A sidebar on the left with 'Favourites' and 'Individual client' sections. 'Clinic management' is highlighted in the 'Individual client' section.
- Calendar:** A central area showing a calendar for Friday 18/03/2022. A list of appointments is displayed, including 'S. MISS. JOY POWELL', 'P. MRS HELENA O POWELL', 'S. MR NORRIS WILLIAMSON', 'S. MS. TAMMY SULLY', and 'SBAR FU paper'.
- Callout Box:** A box on the right with the text 'Select Clinic Management.' and an arrow pointing to the 'Clinic management' option in the navigation pane.

	Mon	Tue	Wed	Thu	Fri	Sat
9	28	1	2	3	4	5
10	7	8	9	10	11	12
11	14	15	16	17	18	19
12	21	22	23	24	25	26
13	28	29	30	31	1	2
14	4	5	6	7	8	9

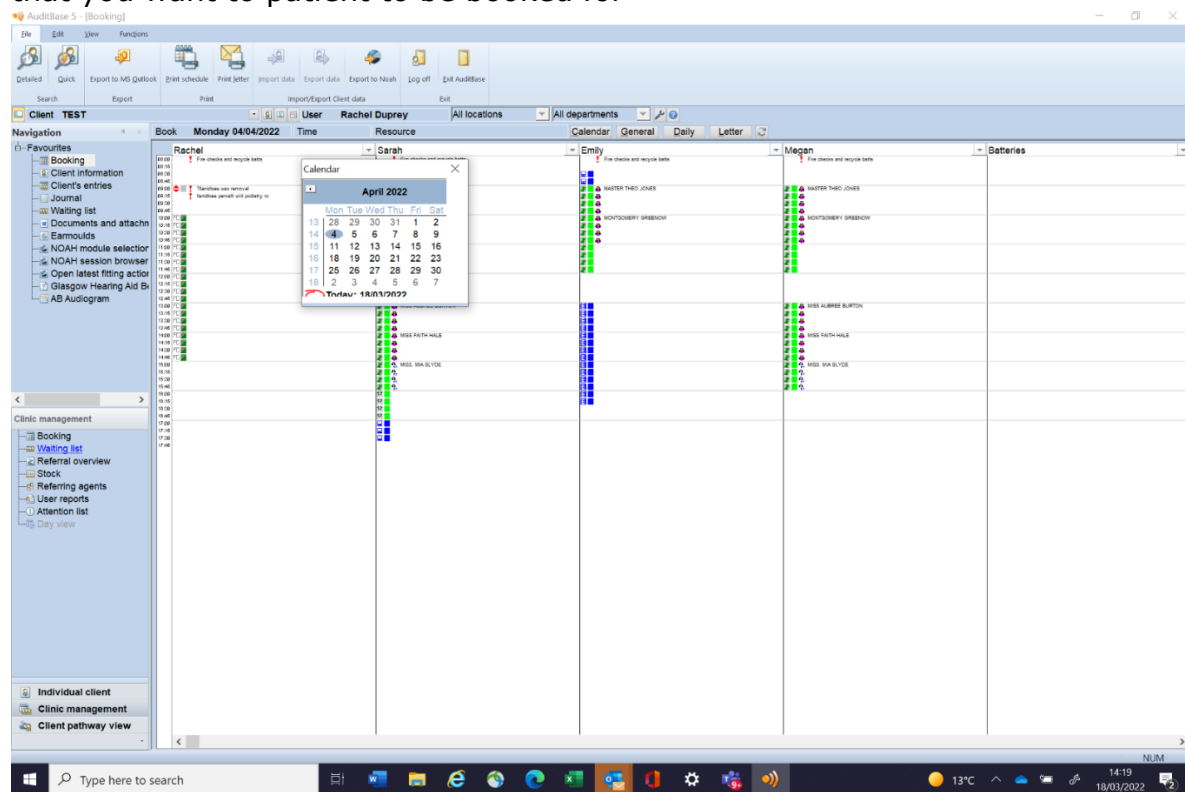


Select Primary Care – Wax Removal, and the site specific option

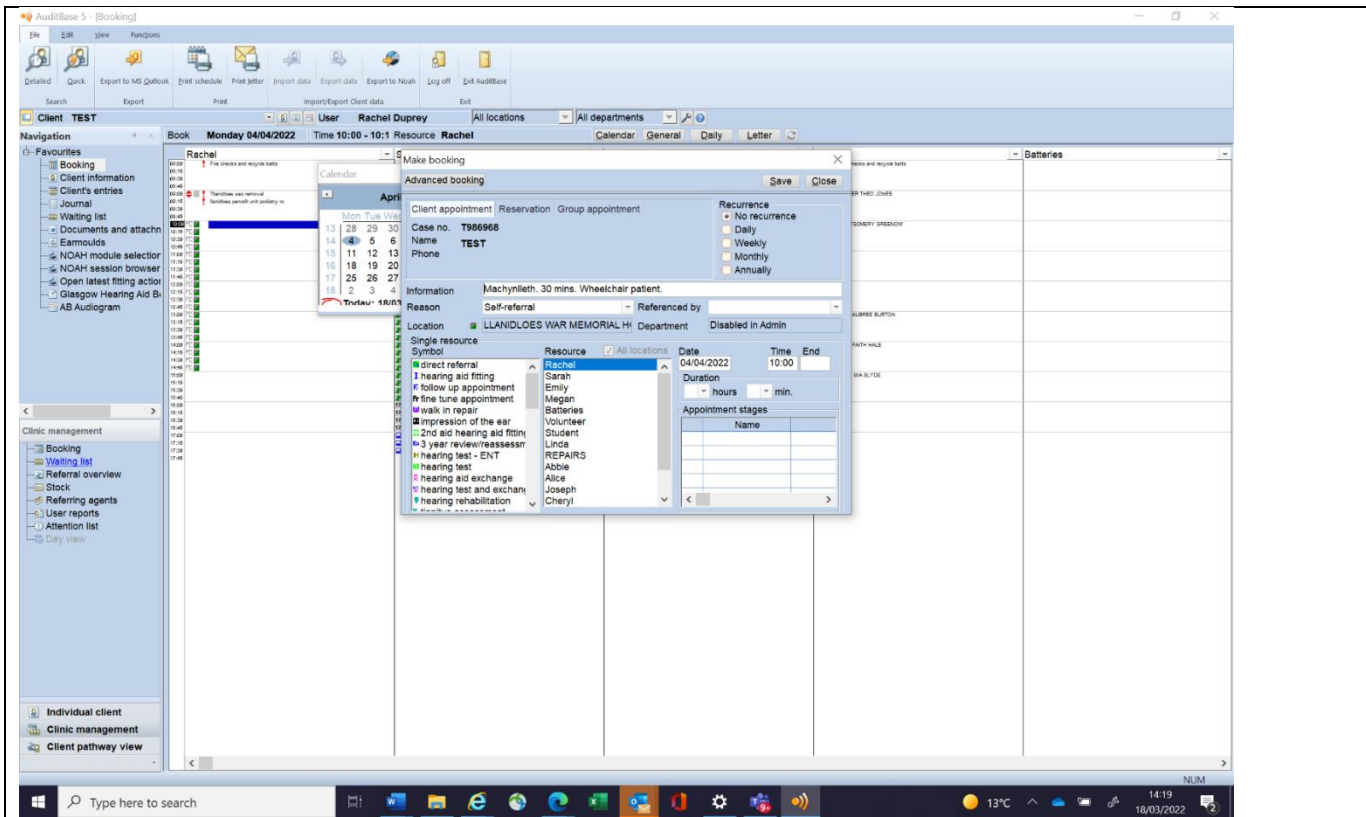
This will bring up everyone who is waiting on the waiting list . you can change the view to sort the patients into longest waiting first if this is easier. Appointments should always be offered first to those who have been waiting longest. You can click on a patient name from here to book that patient.



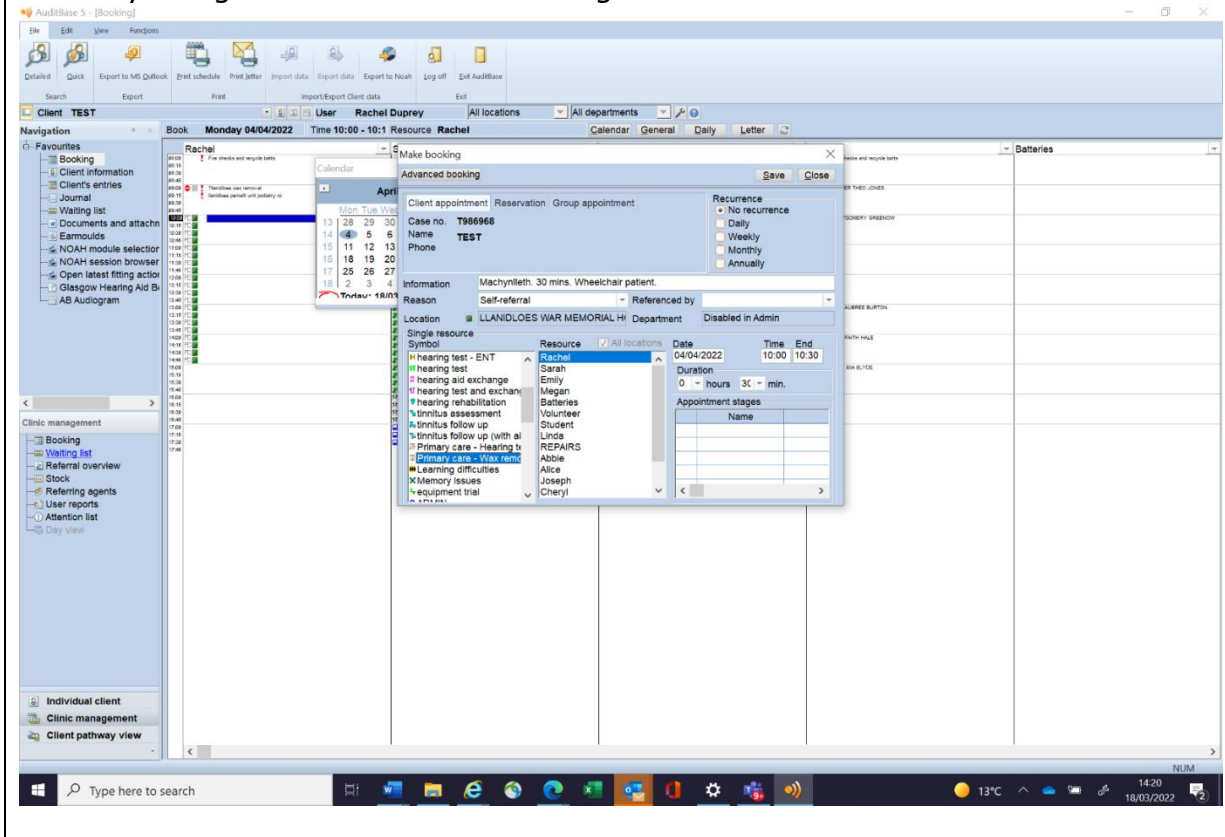
This will taking you back to the booking/calendar screen. Click on the audiologist and time that you want to patient to be booked for



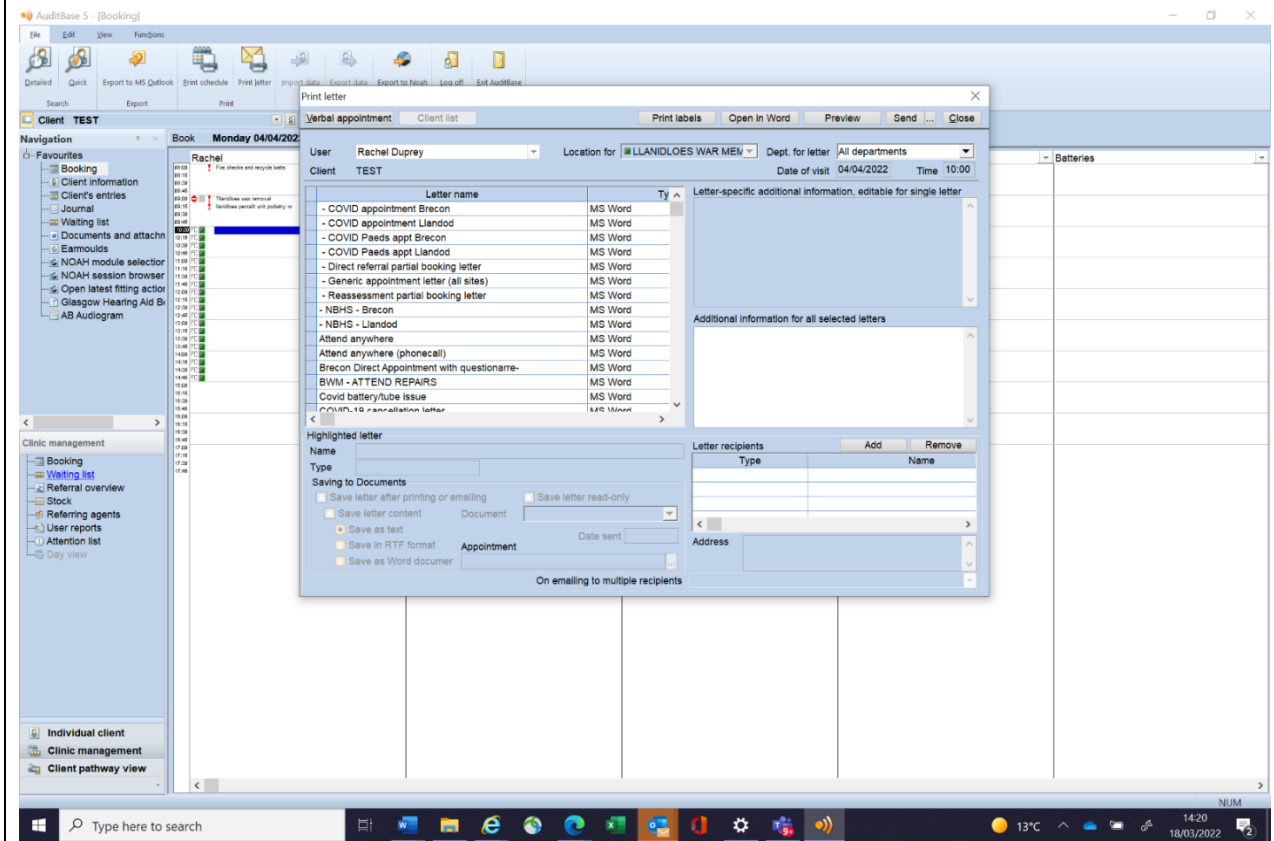
Which brings up this Make Booking box:



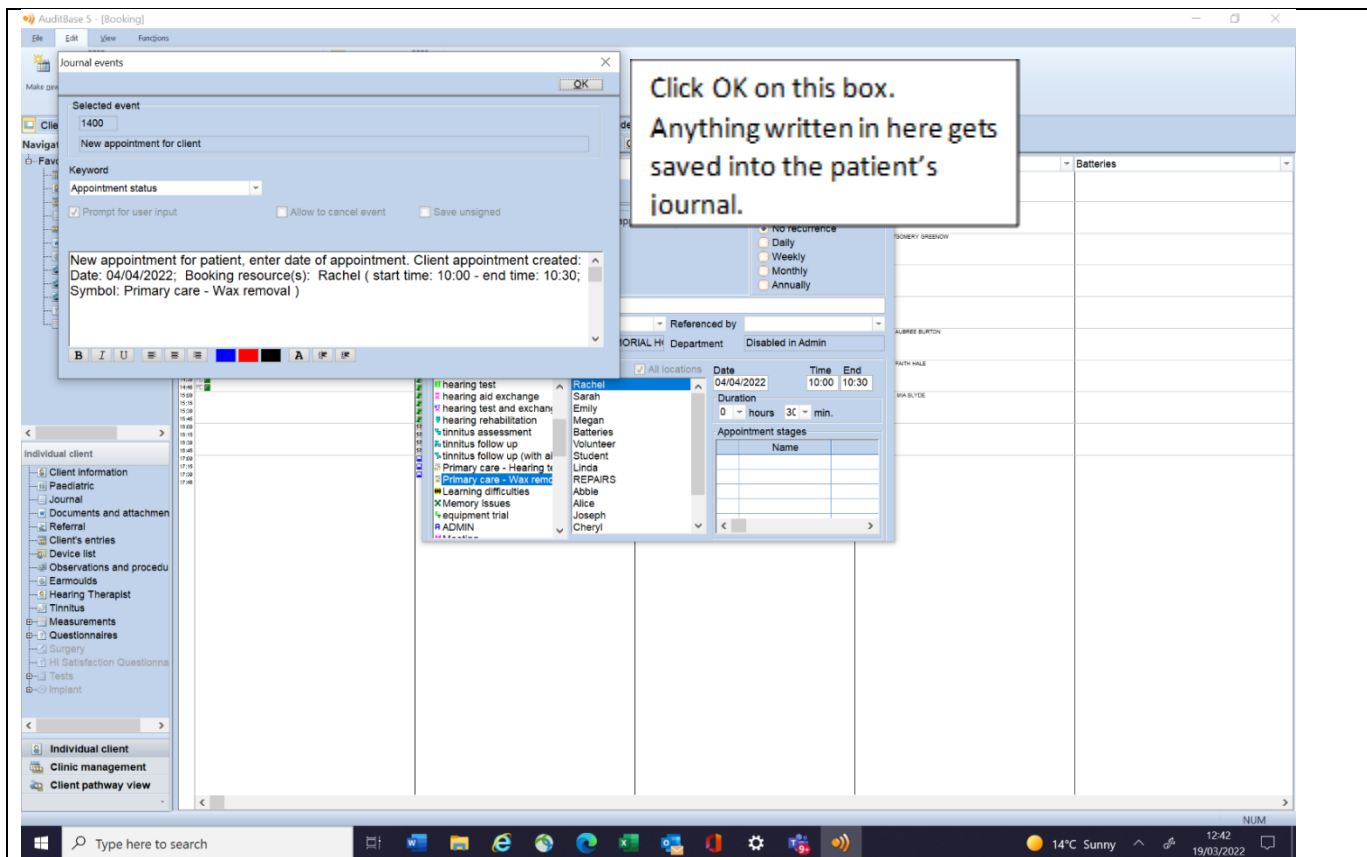
In Single Resource symbol list, scroll down to Primary Care – Wax Removal. This will default to 30mins. You can save from here, or use the arrows to adjust the appointment duration if its says longer than this in the waiting list information.



It then brings up the list of letters -



Scroll to Primary Care Wax Removal and click on Send



The patient should now be booked on the screen for the correct audiologist with the correct symbol.

You can double click on the patients name if you want to change the time or duration of the appointment.

To delete or move the appointment click on the name once, and then the move/delete option.

The appointment letter will contain some information to advise the patient what to expect in the wax removal appointment and any information that they should be aware of prior to the appointment.

Cancelling a patient's appointment

If a patient requests to cancel their appointment, yet requires an alternative date/time,

- right-click on the appointment that you are cancelling:

Appointment information

Client: MRS. SUSAN STOCKTON-LINK Time: 22/04/2022 10:00 - 10:41 Attached actions Close

Appointment PRIMARY CARE - WAX REMOVAL Location GLAN IRFON HEALTH AND CARE CE Letter: X
Timetable PRIMARY CARE Department Disabled in Admin Verbal:
Made by: RACHEL DUPREY on 12/04/2022 Attd. with
Resource(s): EMLY

Status
[no status]
A, ARRIVED
S, SEEN
D, DNA

Referred by
Reason
Self-referral
Outcome status
Current outcome
S1, Discharged/Referred back, 09/08/2011 Closed
Linked Waiting list
Disabled in Admin
Details
Case no.: P1050945; NHS no.: 4522634048
MRS. SUSAN STOCKTON-LINK
THE LEAS
28 NORTH ROAD

Stages condition:
Status change
Information
bulth wells 30min

Client observation or procedure

Obs no.	SNOMED code	ICD10 code	Date	Add.	S	Text	Comment

General
Client's entries
Device list
Observations and proc
Earmoulds
Hearing Therapist
Tinnitus
Measurements
Questionnaires
Surgery
NHS Satisfaction Questionnaire

Scroll down in the list to show more options.

Looking information

Client: MRS. SUSAN STOCKTON-LINK Time: 22/04/2022 10:00 - 10:40 Attached actions Close

Appointment PRIMARY CARE - WAX REMOVAL Location GLAN IRFON HEALTH AND CARE CE Letter: X
Timetable PRIMARY CARE Department Disabled in Admin Verbal:
Made by: RACHEL DUPREY on 12/04/2022 Atnd. with
Resource(s): EMILY

Status
[no status]
A. ARRIVED
S. SEEN
D. DNA

Referred by
Reason
Self-referral
Outcome status

69 - DNA
36 - Patient Cancelled
36a - Re-start clock
37 - Hospital Cancelled Appointment
39 - Patient Deceased
41 - Patient Delays Treatment
41a - Wax
51 - Discharged/Referred back
THE LEAS
28 NORTH ROAD

Stages condition:
Status change

Information built wells 30min History of char

Client observation or procedure Add / Edit / Delete Edit Delete

Obs no.	SNOMED code	ICD10 code	Date	Add	S	Text	Comment

Navigation menu:

- Client's entries
- Device list
- Observations and proc
- Earmoulds
- Hearing Therapist
- Tinnitus
- Measurements
- Questionnaires
- Surgery
- HI Data/Action Quesio
- Tests
- Implant

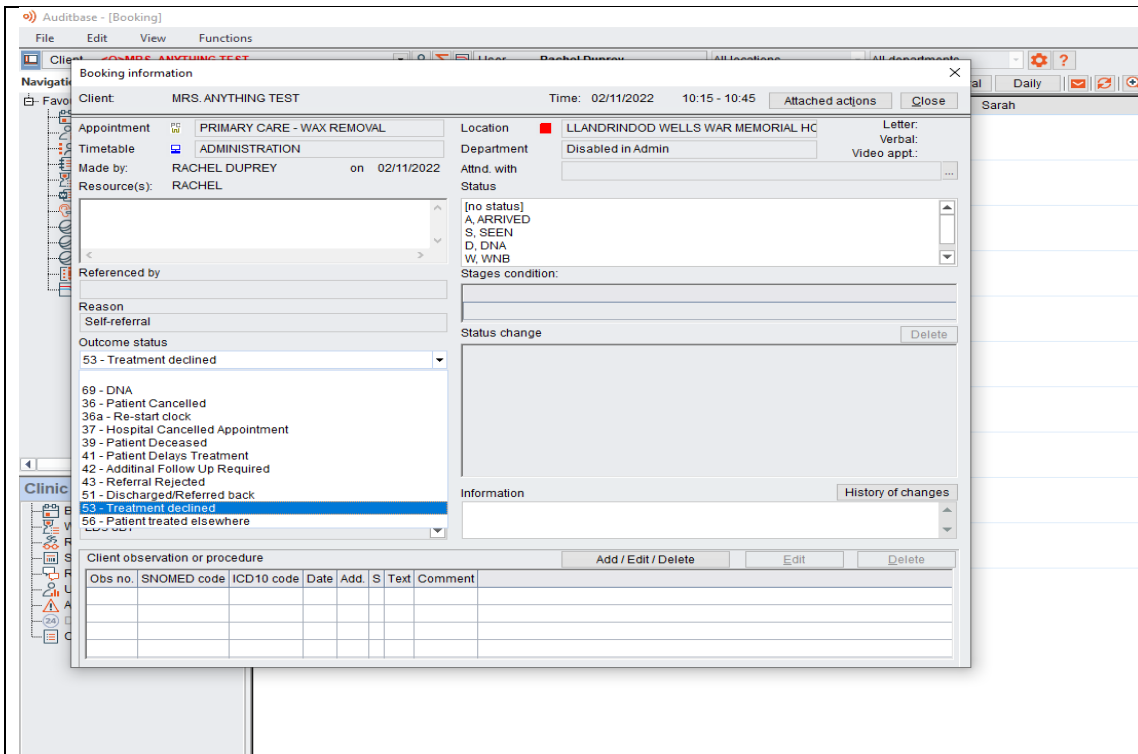
Callout box: Select "patient Cancelled" from the list in Outcome Status

The screenshot displays a medical software interface with several overlapping windows. The top window, titled "Booking information", shows details for a client named MRS. SUSAN STOCKTON-LINK. The appointment is for "PRIMARY CARE - WAX REMOVAL" at "GLAN IRFON HEALTH AND CARE CE" on "22/04/2022" from "10:00 - 10:41". The status is "P. CANCELLED BY PATIENT", which is highlighted by a blue oval and a callout box that says "Select P 'cancelled by patient'".

A second window, titled "Booking information", is overlaid on top. It contains a question mark icon and the text: "You have assigned status P. CANCELLED BY PATIENT associated with cancellation to this appointment. This means the appointment will move from the Booking screen to a read-only record in Client's Entries. Do you want to continue?". Below this text are three buttons: "Yes", "No", and "Cancel". The "Yes" button is highlighted by a blue oval and a callout box that says "Select Yes – this will remove the patient from the booking list, allowing the space to be filled with another patient.".

The background interface shows a navigation pane on the left with categories like "General", "Client's entries", "Device list", "Observations and proc", "Earmoulds", "Hearing Therapist", "Tinnitus", "Measurements", "Questionnaires", "Surgery", "HI Satisfaction Questio", "Tests", and "Implant". At the bottom, there are buttons for "Individual client", "Clinic management", and "Client pathway view".

The screenshot displays a medical software interface for appointment management. The main window shows appointment details for MRS. SUSAN STOCKTON-LINK, including the appointment type (PRIMARY CARE - WAX REMOVAL), location (GLAN IRFON HEALTH AND CARE CE), and status (CANCELLED BY PATIENT). A dialog box is open, asking: "The appointment has been moved to the history. Do you want to rebook the appointment to another slot or put the client on Waiting list?" with options "Rebook the appointment" and "Put the client on Waiting list". A callout box on the right explains: "This gives you the option to Reook the appointment then and there, by just moving the patient to another clinic on the booking screen, or putting the patient back on the waiting list if there isn't another suitable appointment available at the time." The interface also includes a table for "Client observation or procedure" and a sidebar with navigation options like "Client's entries", "Device list", and "Observations and proc".



In these instances, it is important to make a record of the conversation in the patient's journal so that the Audiologist can close the referral and remove the patient from the waiting list.

8 The Wax Removal Procedure

The intention is to deliver the wax removal procedure at sites across Powys, to provide an equitable service across the county. As the service expands and develops, more sites will become available.

8.1 Wax softening prior to appointment

Ear Wax should be softened prior to wax removal procedure. The referral form for the self-referral Audiology-led wax management pathway asks that the patient uses wax softener drops 7 days prior to submitting their referral, as often the use of wax softener drops can remove the need for a wax removal procedure.

Patients are advised to use wax softener drops in line with the guidance from the Welsh Government publication Self-Management of ear wax – a guide for Patients (2022) as seen in Appendix 2

8.2 Equipment required for procedure

- A suitable clinical room with an adjustable patient couch and room to move around the patient.
- An adjustable clinician stool/chair

<ul style="list-style-type: none">• Microscope/portable loupes• Portable suction unit• Paper roll• Hand held otoscope• Non-sterile examination gloves.• Microscope or loupes• Appropriately sized aural specula• Disposable suction canister and tubing.• Single use suction handles and tips fine ends• Manual Instruments• Sharps bin.• Tissues• Cotton wool• Disposable cup/receptacle.
<p>8.3 Clinic preparation.</p> <ul style="list-style-type: none">• Ensure that all hard surfaces are cleaned with detergent wipes as per local policy.• New suction liner fitted with suction tubing• Ensure suction is set as per manufacturer’s guidelines and that it is working correctly.• Ensure microscope/loupes are functioning correctly and has the appropriate magnification for the user.• Ensure the couch is height adjustable and functioning.• Ensure that a sharps bin is available in the room
<p>8.4 Patient Consultation and History Taking</p> <p>The Wax removal procedure may be carried out by an Audiologist or an Ear Care Nurse. Audiologists will carry out the appropriate wax removal procedure in accordance with the BSA Practice Guidance in Aural Care (Ear Wax Removal) 2019. Ear Care Nurses carry out wax removal in accordance to their department protocol PTHB GNP 062 and their guidelines with their training provider, The Rotherham Ear Care Centre.</p> <p>At the start of the patient, the clinician must introduce themselves, check the patient’s details are recorded correctly, and then provide the patient with an outline of what will happen in the appointment. The clinician must clarify if the patient has any special requirements in the appointment, and consent to proceed must be gained from the patient and recorded. The patient should be asked about any memory concerns, and if they response yes, a discussion should follow regarding referral to GP to discuss a memory assessment. The clinician should</p>

ask regarding mobility and language, to ascertain that it is safe to proceed with the appointment, or if it is in fact necessary to provide any additional assistance within the appointment.

A thorough ear history should be collected using the Auditbase journal template in Hotkey 40. All questions should be answered and recorded with yes/no and any further details, with any additional information of note also recorded in the patient's journal. Should the patient history bring to light any contraindications to wax removal which were not noted in the referral form, the patient should be referred onward to Ear Care accordingly. The patient should be asked if they have ever had wax removal performed before, and if so, have they have experienced any side effects.

The clinician will perform otoscopy in line with the BSA Recommended Procedures or the Rotherham Ear Care Centre guidelines, and will record the findings clearly in the patient's journal.

Wax can be removed from the ear using a number of methods, depending on the patient's ear history and amount and condition of the wax. The Audiologist will select the method of wax removal which best suits the patient's history and presentation of ear wax, and the equipment available.

The clinician should explain the procedure to the patient and advise them of the risks involved in the procedure:

- Direct trauma to the skin of the ear canal walls
- Pain and discomfort
- Pressure trauma
- Risk of infection
- Vertigo
- Temporary threshold shift or permanent change to hearing,
- Onset or exacerbation of existing tinnitus.

8.5 The Wax Removal Procedure

Microsuction

Equipment required:

- Otoscope and spare bulbs
- Head-loupes or microscope
- Single-use otoscope speculae
- Height Adjustable couch with adjustable back rest
- height adjustable mobile chair or stool for the clinician
- Pillow
- Couch roll
- Wall-mounted or portable suction

- Suction Liner
- Suction connecting tube
- Suction handle 30degrees, non-fenestrated and fenestrated
- Single-use Rosenberg or Gruber speculae
- 18G Fine ends
- Galli pot
- Cotton Wool
- Tissue

Procedure

- The patient must be asked to lie on the couch and remain as still as possible
- The pinna should be pulled backwards and upwards to open and straighten the ear canal and improve the line of sight. The ear canal should be held open by an appropriate sized Rosenberg or Gruber Speculae which will also protect the skin of the ear canal (use the largest size that will fit comfortably in to the ear)
- Check the ear canal, the ear drum and the wax – select the size of the suction tip most appropriate to the type and position of the wax
- The working end of the suction handle should be applied directly to the ear wax, avoiding contact with the skin of the ear canal, and avoiding proximity and contact with the ear drum
- Use water from a Galli pot to wash through the suction handle if it becomes blocked
- With the patient's consent, the clinician may apply a small amount of Earol to the wax to soften it further
- The procedure must be abandoned if the patient reports the procedure to be painful, if the wax is too hard to move, or is positioned too deeply in the ear canal to avoid close proximity with the ear drum, or if the usual procedure time has been significantly prolonged.
- Methodically inspect all parts of the ear canal and tympanic membrane by varying the angle of the speculae and asking the patient to adjust their position if necessary. The ear cannot be recorded to be completely free of wax unless the entire cavity and tympanic membrane has been seen. The clinician should record only what they are able to see.
- Carefully check the condition of the external auditory meatus as you withdraw the speculum
- Record any trauma or abnormalities to the ear canal or the ear drum. Should there be any trauma present, the patient should be advised to keep their ear dry in order to prevent any infection.
- Patients should be advised to report back to the clinician as soon as possible should any discomfort, pain, swelling, discharge or odours occur or if any disruption to hearing is experienced in the hours or days following wax removal procedure.
- Dispose of instruments in the sharps box and single-use speculae in the yellow bin

- Dispose of used couch roll, wipe down patient chair, couch, and all re-usable equipment used within the appointment, following PTHB current infection control procedures
-

Instrumental removal using simple extraction instruments

Equipment Required

- Otoscope and spare bulbs
- Head-loupes or microscope
- Single-use otoscope speculae
- Height Adjustable couch with adjustable back rest
- height adjustable mobile chair or stool for the clinician
- Pillow
- Couch roll
- Jobson Horne
- Wax Hook
- Crocodile Forceps
- Cotton Wool
- Tissue

Procedure

- The patient must be asked to lie on the couch and remain as still as possible
- The pinna should be pulled backwards and upwards to open and straighten the ear canal and improve the line of sight. Consider use of an appropriate sized Rosenberg or Gruber Speculae which will also protect the skin of the ear canal (use the largest size that will fit comfortably in to the ear)
- Check the ear canal, the ear drum and the wax – select the manual instrument most appropriate to the type and position of the wax
- The Working end of the manual instrument should be applied directly to the wax, avoiding contact with the skin of the ear canal and avoiding proximity and contact with the ear drum
- When holding the instrument, brace a finger on the patient's cheek to steady the hand where it is possible to do so
- The Ear Canal should be viewed at all times during the procedure
- Use a tissue or clinic wipe to clean the instrument of wax during the procedure
- The procedure must be abandoned if the patient reports the procedure to be painful or if the wax is too hard to move
- Methodically inspect all parts of the ear canal and tympanic membrane by varying the angle of the speculae and asking the patient to adjust their position if necessary. The ear cannot be recorded to be completely free of wax unless the entire cavity and tympanic membrane has been seen. The clinician should record only what they are able to see.
- Carefully check the condition of the external auditory meatus as you withdraw the speculum

- Record any trauma or abnormalities to the ear canal or the ear drum. Should there be any trauma present, the patient should be advised to keep their ear dry in order to prevent any infection.
- Patients should be advised to report back to the clinician as soon as possible should any discomfort, pain, swelling, discharge or odours occur or if any disruption to hearing is experienced in the hours or days following wax removal procedure.
- Dispose of instruments in the sharps box and single-use speculae in the yellow bin
- Dispose of used couch roll, wipe down patient chair, couch, and all re-usable equipment in line with current PTHB infection control procedures.

8.6 Procedure to follow for patient trauma or foreign bodies

In the event of the clinician causing trauma to the ear canal, the procedure should be stopped immediately and should not recommence. The clinician should monitor the bleeding, and press some cotton wool on to the trauma site to stop bleeding if required.

Once the bleeding has stopped, the patient should be informed and will be able to leave the clinic with advice to keep the ear dry for the next 1-2 weeks. If the bleeding has not stopped, the clinician should seek support from an Ear Care Nurse if on site, if not available, the patient should attend their nearest MIU or Accident and Emergency Unit and ask them to check the trauma site and agree a management plan with the patient.

In both cases above, the patient should be scheduled an appointment one week later to check the site. The clinician must telephone the patient the following day to assess any pain/discomfort.

Should the patient attend with a Foreign Body in the ear, the clinician should assess if it is something that they are able to remove promptly and safely. If it is deeper or more difficult to remove, the patient should see the Ear care Nurse on the same day. If an Ear Care Nurse is not available, and the foreign body is something that could decompose such as food, insect, the patient should see ENT urgently. This may need to be accessed via Accident and Emergency Unit.

8.7 Discharge/Follow Up

Should the ear canal be completely clear of wax with no apparent abnormalities or traumas, the patient can be discharged from the wax management pathway. The referral pathway can be closed by Right click on the patient's appointment on

the booking screen and select "Discharged/referred back" in the outcome status list and "Seen" in the status list.

If it has not been possible to remove all of the wax in the first appointment, the clinician can arrange a patient's Follow Up appointment. The duration of time until the next appointment is at the clinician's discretion, dependant upon the need for wax softener drops and the type of wax remaining in the ear canal. To record this in the patient's referral pathway, the clinician must right-click on the patient's appointment and select "additional follow up required" in the outcome status list and "Seen" in the status list. The clinician should arrange the Follow Up with the patient and book it before the patient leaves. This reduces the administration time for the Therapies Hub.

8.8 Onward Referrals

Patients seen in the wax management pathway can be referred by the clinician to other pathways in Audiology (eliminating the need to see the GP again) and to ENT and Ear Care, and to agencies such as Social Services, RNID, the fire service, all in line with the usual Audiology referral protocols as seen in AUD032 Audiology Department Protocol for Collaborative Working.

Ear Care Services are currently provided from Newtown, Welshpool, Brecon, Llandrindod Wells, Ystradgynlais, and a limited service from Knighton. Referrals for patients living in North Powys should be sent to Patient Services in Welshpool, Referrals for patients living in South Powys should be sent to Patient Services in Brecon War Memorial Hospital.

ENT services are currently provided from Welshpool, Ystradgynlais, Brecon and Llandrindod Wells. Patients should be referred to Patients Services, ENT referrals, at the appropriate site.

Referral Criteria for onward referral to Ear Care:

- Current or historic Tympanic Membrane perforation
- Previous Ear Surgery (except extruded grommets)
- Eczema/psoriasis/irritation of the EAC
- Previous unsuccessful wax removal by an Audiologist
- Children under the age of 11yrs
- Foreign Body Removal
- Patients with medical conditions which cause tremors, shaking or involuntary movements
- Recent Ear Infection
- Pain due to build-up of ear wax or on attempt at wax removal
- Any wax which the Audiologist is finding it difficult to remove or visualize using the head loupes.

Referral Criteria for onward referral to ENT:

- Rapid loss or rapid deterioration of hearing (rapid = 90 days or less) not associated with wax build-up
- Fluctuating hearing loss, other than associated with colds
- Tinnitus which is unilateral, pulsatile or significantly changed in nature
- Vertigo
- Abnormal appearance of the outer ear and/or the eardrum; this includes inflammation of the external auditory canal, perforated eardrum, active discharge, eardrum retraction, abnormal bony or skin growths, swelling of the outer ear or blood in the ear canal.

Where the patient has expressed concern regarding memory difficulties, the clinician should obtain consent to write to the GP with a request to discuss this further with the patient.

8.9 Report to GP

Once the patient has undergone a wax removal procedure in the wax management pathway, a report should be sent back to the patient's GP detailing the procedure that has been carried out, the event of any trauma or abnormalities, the status of the ear canals and ear drums, and the plan for further appointments, interventions and referrals.

This should be explained to the patient and consent obtained. The report to GP template is saved in the documents section of Auditbase > Referral Templates > Wax Removal Outcome to GP

Where the patient is discharged, a letter of this effect needs to be sent to the patient and the GP in line with the RTT DNA and CNA guidelines.

8.10 The Individual Management Plan

Once the procedure is complete, the Clinician should summarise to the patient what has been carried out in the appointment, and advise the status of the ear canal and tympanic membrane.

The clinician should provide any after-care advice such as keeping the ear dry if there is trauma to the ear canal, or continues use of wax-softener drops if there is still ear wax present. Patients should be advised to report back to the clinician as soon as possible should any discomfort, pain, swelling, discharge or odour occur or if any disruption to hearing is experienced in the hours or days following wax removal procedure.

The clinician should discuss the need for any onward referrals for other services, such as ENT for medical opinion, Ear care if the wax is not suitable for Audiologist's removal, GP for discussion of Memory Assessment.

Following the all-Wales audiology adult standards all patients should have an Individual Management Plan (IMP) for the management of their needs. An effective IMP relies on consultation between the Audiology professional and the patient to create joint achievable goals. The IMP is made up of agreed needs, planned actions and completed actions and is recorded in the patient's journal. This must be updated/revised throughout the patient's journey in accordance with the PTHB Audiology IMP Step Guide (Appendix 3). Any signposting, onward referrals or future follow ups should be recorded appropriately within the IMP.

8.11 Clinic closure

- Wipe down all hard surfaces with detergent wipes as per local policy.
- Dispose of suction seal suction liner and place in clinical waste in line with PTHB policy.
- Store microscope/loupes in line with manufacturer's instructions.
- Record all patient appointments in the spreadsheet "KPIs for Wax Removal" saved in the sharepoint for Wax Management.

9.0 Did Not Attend, Cancellations, and Was Not Brought

Robust arrangements should be in place to manage all children, young people and adults at risk who are not brought for appointments in Powys Teaching Health Board (PTHB) or for whom there is a failed access. There are occasions when a patient's non-attendance is an indicator that they are at risk, so it is important that this is recognised and risk considered on every occasion.

All children and adults are entitled to good health care to maximize their development and wellbeing. "Working Together to Safeguard Children" (2018) highlights that "Children failing to attend an appointment may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy". This applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. There is a likelihood that these adults at risk are also likely to be reliant on others to bring them to health appointments.

Was not Brought (WNB) is defined as any scheduled appointment physical or virtual, to see an adult at risk/child, who, without notifying the service, did not attend/was not presented/was not brought for their appointment. This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service. It is to be noted that this should also be considered if health appointments are frequently rearranged with health professionals, following all attempts to make appointments

more accessible. In addition, this includes a failure to make an initial appointment when requested to do so.

A No Access Visit (NAV) is an appointment made in advance, and when the health care professional attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available, and no contact is made.

Did not Attend (DNA) is defined as any scheduled appointment to see an adult who is not assessed to be at risk, who, without notifying the service, did not attend for their appointment.

Disengagement is when an adult, family member, or carer, does not respond to requests from health professionals. The indicators of disengagement are usually cumulative and may include:

- Disregarding health appointments
- Not having a GP
- Not being home for visits from professionals
- Not allowing professionals into the home
- Agreeing to take an action but never seeing it through
- Hostile behaviour towards professionals
- Manipulative behaviour resulting in no health care
- Actively avoiding contact with professionals
- Attendance at urgent treatment centres and emergency departments but not waiting to be seen/taking own discharge

Disguised compliance involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns.

Where a member of staff is concerned that a child or adult at risk's non-attendance fits into one of these definitions ("was not brought", "no access visit", "disguised compliance" or "disengagement"), this shall be recorded in Auditbase by selecting the W for "was not brought". This will prompt text to be recorded in the journal, and at this stage, the audiologist must follow the PTHB / SGP 047 policy and record the plan in the journal. The member of staff will also record the patient number in the Audiology "Was Not Brought" spreadsheet. All further actions should be recorded in the patient's journal and the spreadsheet updated accordingly. The spreadsheet will be monitored regularly to ensure that responses or actions are not left outstanding for a reasonable amount of time.

(Policy for Children and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV) Reference No: PTHB / SGP 047 Issue Date: Dec 2021)

Where the patient does not attend an agreed appointment, the patient can be discharged, but a letter of this effect needs to be sent to the patient and the GP. The pathway will follow the PTHB RTT DNA and CNA guidelines (Appendix 4).

10 Appropriate training and qualification

All clinicians providing wax removal in PTHB must have a qualification in wax removal by a recognised training provider and be able to present their certificate as evidence of this.

Either upon completion of this training, or upon induction to Powys Teaching Health Board audiology department, an audiologist arriving with an existing qualification is still required to complete the PTHB Audiology Ear Wax Removal Competency Record (Appendix 5). This provides PTHB with internal verification that the Audiologist is safe to deliver wax removal within the PTHB Audiology-led wax management pathway. Either an Ear Care nurse or a senior Audiologists or above working within the Audiology-led wax management pathway is able to mentor the new member of staff or new trainee through the competency record, and once complete this will be stored in the patient's personal file.

10.1 Peer Review/ Update training

All Audiologists delivering wax removal procedures will undergo an annual peer review, where update training will be requested if appropriate. Audiologists are subject to regular clinical supervision and any concerns regarding their clinical procedures found during clinical supervision will be addressed with further training or further clinical supervision.

11 Monitoring Compliance, Audit & Review

Description of how monitoring compliance with your policy will be undertaken.

This document will be reviewed every three years or earlier should audit results or changes to practice within PTHB indicate otherwise.

The Professional Head of Audiology and Advanced Audiology Practitioners have the overall responsibility for monitoring the effectiveness of this policy and recommending any changes to current practice in light of any national developments.

Non-compliance with the policy is to be monitored and addressed via peer review, clinic supervision, audit and implementation of Staff Training or in some cases where deemed necessary, submission of adverse incident reports (DATIX)

Performance Measures.

- Patient feedback
- Complaints
- Datix
- Data Collection spreadsheet "KPIs for Wax Removal"

A quarterly report will be created and submitted to the Head of Therapies and Health Sciences and data shared with the Patient Experience Forum and Powys Hearing Care Collaborative Group as appropriate.

12 References / Bibliography

Linked to the following national policies:

- British Society of Audiology (BSA) Recommended Procedure – Ear examination
- British Society of Audiology (BSA) Practice Guidance – Aural Care (Ear Wax Removal), August 2019
- Welsh Government, Self-Management of Ear Wax – A Guide for Patients
- Welsh Health Circular WHC/2020/014 Ear Wax Management Primary Care and Community Pathway, Welsh Government 2020
-
- PTHB Policies:
- Policy for Children and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV) Reference No: PTHB / SGP 047 Issue Date: Dec 2021
- PTHB Audiology IMP Step Guide
- PTHB Aud 002 Direct referral Protocol, 2022
- PTHB GNP 062 Ear Care Protocol and Procedure (including ear irrigation, aural toilet, ear instrumentation, advice of softening agents and microsuction)



Wax Removal Self-Referral Form



Wax Removal Self-Referral

Please read the following information carefully

If ear wax is **not** causing you any problems, it is best left alone and you **do not need to continue with this referral form**. The ear is self-cleaning and often the wax will come out without you needing to do anything.

Sometimes ear wax can build up enough to cause hearing loss and other problems.

If ear wax **is** causing you such problems, please follow the steps below.

STEP 1:

If you are currently experiencing any of the following:

- Altered sensation or numbness in your face?
- Pain in your ears?
- An active ear infection or discharge from your ear/s
- Sudden hearing loss (over a period of 3 days)

Please do not proceed with this referral.

Please seek immediate medical / GP support.

If you are not experiencing any of the above, please continue with Step 2.

STEP 2:

If you tick any of the following statements, please complete the remaining questions in **Step 5** (you do not need to follow Step 3 and 4) and submit your referral to the Wax Management service **without following any self-management guidance**.

If you are completing a paper referral, the address to send the referral form is at the bottom of the page.

- You are completing this referral for a child four years of age or younger
- You have significant pain or discharge from either or both ears
- You have a past history of perforation of the ear drum
- You have had an ear infection within the last 6 weeks
- You have a history of cleft palate or ear surgery
- You have ever been advised by healthcare professional to avoid getting water in your ear.

STEP 3:

The first step in treating problematic ear wax is to soften the wax to see if it comes out by itself. Use olive oil ear drops once a day for **seven days** to soften wax.

Please follow the instructions below before referring yourself for wax removal.

To use ear drops:

Allow the olive oil to come to room temperature naturally. DO NOT heat the oil. Lie on your side with the affected ear facing upwards. Pull the ear gently backwards and upwards to open and straighten the ear canal. This will allow the drops to enter deeper into the ear. Carefully let three droplets of olive oil fall into your ear. You may find it helpful to have somebody help you. Gently massage the area directly in front of the ear. Lie still for at least five minutes to ensure the ear drops have penetrated

properly. If you need to treat both ears, turn over onto your other side and repeat the process.

DO NOT insert cotton wool or tissue paper into your ears as this can absorb the oil, leaving the wax dry and hard.

Parents and/or guardians of children five years of age or older should supervise and carry out treatment on children, using the self-management advice above.

STEP 4:

If this self-management has not been successful after 7 days, please answer the following questions and submit it to the Wax Management team. If you are completing a paper referral, the address to send the referral form is at the bottom of the page. Please continue to use olive oil drops once a week until your appointment.

STEP 5:

Please answer the following questions. This will allow us to book an appropriate appointment for you.

1. What is your full name?

2. What is your date of birth? e.g. Day (DD) / Month (MM) /

Year (YYYY)

3. What is your address?

4. What is your postcode?

5. What is your email address?

6. What is your contact phone number?

7. Please provide your GP name and address

8. Do you have any specific/additional requirements for your appointment? (E.g Wheelchair User, Ambulance Transport and Chaperone required?) Please provide details

9. Do you require your appointment and correspondence to be carried out in Welsh or an alternative language?

- Yes
- No

10. If yes, which language?

11. Have you had any previous surgery to your ears?

- Yes
- No

12. If yes, please provide details

13. Do you routinely have ear wax removal with Ear Care Nurse?

- Yes
- No

14. Out of the following sites, please select which you would prefer to attend:

- Machynlleth

- Llanidloes
- Newtown
- Knighton
- Llandrindod Wells
- Glan Irfon, Builth Wells
- Bronllys
- Ystradgynlais

15. Please make any additional comments here:

Please return this form to: Audiology Referrals, Therapies Hub, Montgomery County
Infirmary (Newtown Hospital), Llanfair Road, Newtown, Powys, SY16 2DW
Telephone: 0845 840 1234 or 01686 613 200
Email: therapies.hub.pow@wales.nhs.uk

Following submission of your referral, you will be contacted to agree an appointment date and time. Please allow several weeks for this.



Llywodraeth Cymru
Welsh Government



Self-management of Ear Wax

A guide for patients

Appendix 2: Welsh Government, Self Management of Ear Wax: A guide for patients

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4What should I do about ear wax build up?

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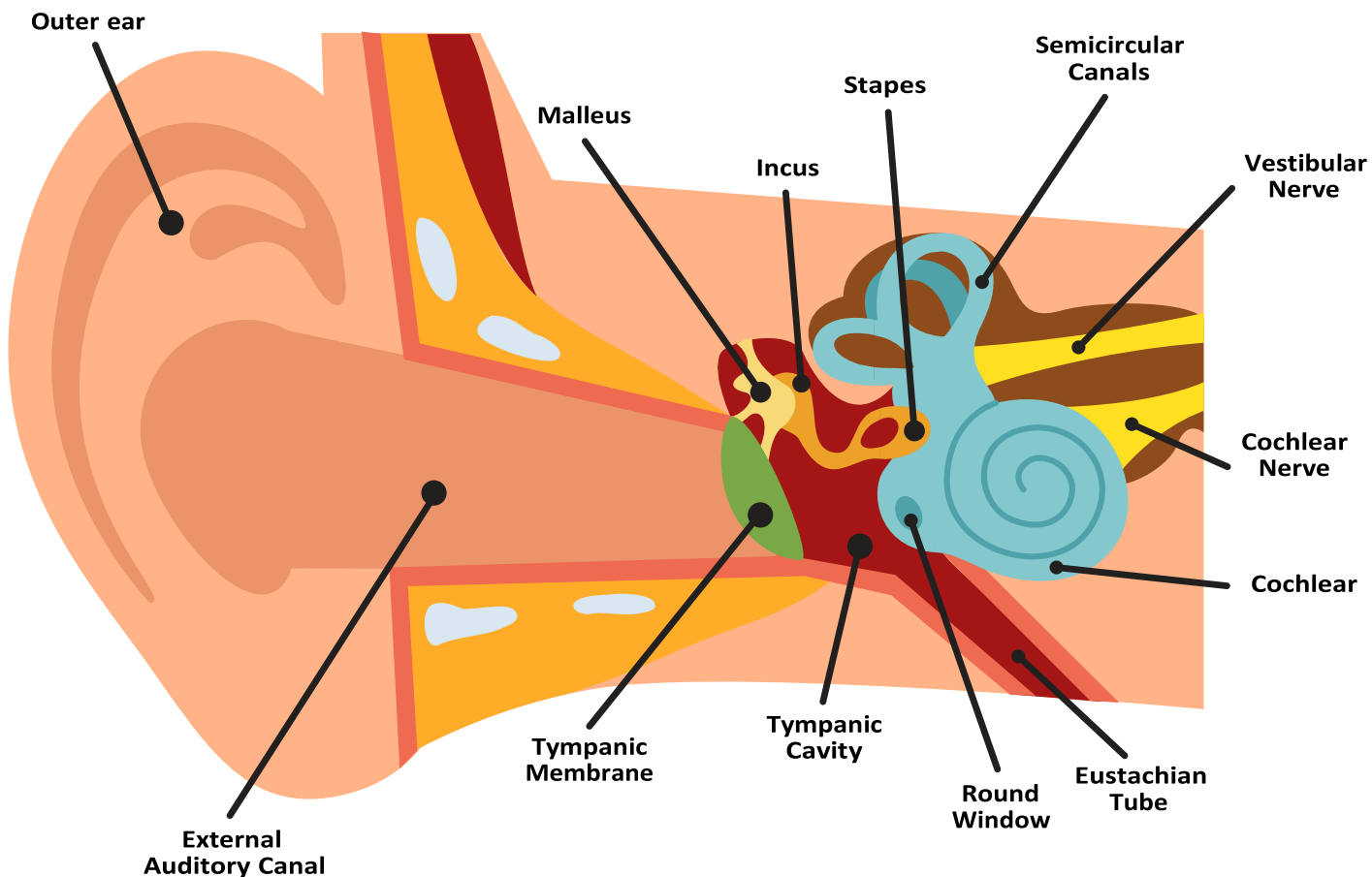
wax

This leaflet offers advice on how you can safely and effectively begin to treat ear wax build up that is causing you problems.

Ear wax is recognised by NHS Wales as a common health issue. It can lead to discomfort and pain, or difficulties with hearing.

What is ear wax?

Ear wax is naturally produced by a gland in the ear canal to keep ears clean and free from germs and infections. It is composed of old skin cells, dust, and oil from glands in the ear.



What should I do about ear wax build up?

If ear wax is not causing you any problems, it is best left alone. The ear is self-cleaning and often the wax will come out without you needing to do anything.

Sometimes ear wax can build up enough to cause hearing loss and other problems.

Wax build-up is more likely to happen to people who naturally have narrow ear canals, people who work in dusty environments, those who need to use ear plugs to protect their hearing at work, and hearing aid users.

The first step in treating problematic ear wax is to soften the wax to see if it comes out by itself, and to make removal by a health professional easier if that is required. If softening the wax is unsuccessful, you may decide to seek wax removal by a healthcare professional. This service is available free from NHS Wales – please seek further advice.

Symptoms or problems that may require ear wax management include:

- Discomfort / earache / itching
- Your ear feeling blocked or full
- Hearing loss
- Tinnitus (noise in your ears)
- For hearing aid users, wax that prevents examination or treatment, or causes your hearing aid to “whistle”.

When should I seek immediate help?

Sometimes sudden and significant changes in hearing loss can be caused by things other than ear wax build up. If you experience a sudden significant change in hearing that you feel is not related to ear wax build up, please contact your GP practice.

DO NOT self-manage if:

- You have sudden or rapid hearing loss (see previous point on when to seek immediate help)
- You have significant pain or discharge from either or both ears
- You have a past history of perforation of the ear drum
- You have had an ear infection within the last 6 weeks (unless otherwise advised by a clinician)
- You have a history of cleft palate or ear surgery
- You have ever been advised by healthcare professional to avoid getting water in your ear.

If you are in one of the above groups please contact your GP practice.

Parents and/or guardians of children five years of age or older should supervise and carry out treatment on children, using the self-management advice below.

Babies and children four years of age or younger should be referred to their local health board audiology department.

DO NOT follow self-management for babies and children four years of age or younger.

Self-management of ear wax

DO NOT try to remove with a cotton bud or any other object as this can damage your ear and push the wax further down the ear onto the ear drum, making the problem worse. Using cotton buds, matchsticks or other items to try to clean out the ear canals is one of the most common causes of impacted wax. Using cotton buds or other objects can also damage the ear canal, and can even cause perforation of the ear drum.

DO NOT purchase or use wax removal devices or ear candling kits – these are not effective at treating problematic ear wax, and can cause serious injuries.

DO use olive oil ear drops once a day for seven days in order to soften wax.

To use ear drops:

Allow the olive oil to come to room temperature

naturally. **DO NOT** heat the oil.

Lie on your side with the affected ear facing upwards. Pull the ear gently backwards and upwards to open and straighten the ear canal. This will allow the drops to enter deeper into the ear.

Carefully let three droplets of olive oil fall into your ear. You may find it helpful to have somebody help you.

Gently massage the area directly in front of the ear.

Lie still for at least five minutes to ensure the ear drops have penetrated properly.

If you need to treat both ears, turn over onto your other side and repeat the process.

DO NOT insert cotton wool or tissue paper into your ears as this can absorb the oil, leaving the wax dry and hard.

If your symptoms persist after seven days, contact your local health board for advice on booking an NHS appointment to have your ears examined and appropriately treated.

Appendix 3: PTHB Audiology IMP Step Guide



Audiology Individual Management (IMP) Guideline

The reason for an Individual management plan (IMP) is so we can follow the patient's journey and make sure that we reach each of the patient needs/goals. It help us and the patient to map out their plan and how we a hoping to achieve it.

An IMP must be updated at every booked appointment until their management plan has been completed. IMPs do not need to be updated on repairs unless they have started a new journey e.g. if they decided to have a 2nd hearing aid.

An IMP needs to be completed with the patient, it needs to be their goals and what they hope to achieve not the clinician's opinion. The IMP needs to be individual e.g. to hear the television more clearly especially when watching American film or to hear family more clearly especially grandson. The more individual the IMP it shows that we have taken an in-depth and accurate history.

The IMP is made up of Agreed Needs, Planned actions and Completed actions.

Agreed needs- What we are hoping to achieve

Planned Actions- This is how we are going to achieve them

Completed Actions- This is what we have done so far to achieve the agreed needs

The IMP is started at the start of their journey and updated at every appointment following this. Throughout the patients journey at each appointment their agreed needs need to be checked to make sure nothing has changed or needs to be added.

The management plan must be offered to the patient and the end of each appointment and this **MUST be** recorded.

Below is an example of a patient journey starting at their direct referral appointment.

Individual Management Plan – Direct Referral

Agreed Needs- To hear better when attending mother unions meetings. To hear better in general conversation with friends and family. To listen to the television at a level which is more suitable to family.

Planned Actions- To be fitted with bilateral medium-blond open fitting hearing aid. To be provided with verbal and written information on the benefits and limitations of hearing aids.

Completed Actions- Hearing tested and results explained to patient. Thin tubes measured and hearing aid colour chosen. Hearing aid fitting appointment arranged. Discussed benefits and limitations of hearing aids and provided with written information on this.

Copy of management plan- Declined

Individual Management Plan – Fitting

Agreed Needs- To hear better when attending mother unions meetings. To hear better in general conversation with friends and family. To listen to the television at a level which is more suitable to family. **To hear better when at church**

Planned Actions- To be fitted with bilateral medium-blond open fitting hearing aid. To be provided with verbal and written information on the benefits and limitations of hearing aids. **To have the loop system on the hearing aids. To wear the hearing aid in order to acclimatise. To be reviewed in 3 months time to check progress.**

Completed Actions- Hearing tested and results explained to patient. Thin tubes measured and hearing aid colour chosen. Hearing aid fitting appointment arranged. Discussed benefits and limitations of hearing aids and provided with written information on this. **Fitted with bilateral UP67 Med/blond with loop system. Advised on acclimatisation and the need to persevere with the hearing aids. Added to the 3 month follow up list**

Copy of management plan- Declined

Individual Management Plan – Follow Up

Agreed Needs- To hear better when attending mother unions meetings. To hear better in general conversation with friends and family. To listen to the television at a level which is more suitable to family. To hear better when at church

Planned Actions- To be fitted with bilateral medium-blond open fitting hearing aid. To be provided with verbal and written information on the benefits and limitations of hearing aids. To have the loop system on the hearing aids. To wear the hearing aid in order to acclimatise. To be reviewed in 3 months time to check progress. **To keep the hearing aids well maintained and to access repairs if there is any problems. To be reviewed in 3 years.**

Completed Actions- Hearing tested and results explained to patient. Thin tubes measured and hearing aid colour chosen. Hearing aid fitting appointment arranged. Discussed benefits and limitations of hearing aids and provided with written information on this. Fitted with bilateral UP67 Med/blond with loop system. Advised on acclimatisation on wearing of the hearing aids explained. Added to the 3 month follow up list. **Patient is wearing the hearing aids well, I advised on regular maintenance and our repair service. I have added to the 3 year follow up waiting list.**

Outcome- Patient can now join in conversations without the need to say pardon. Patient has a positive and realistic approach to the hearing aids benefits and limitations.

Management Plan Completed. Added to the 3 year review waiting list

IMP Offered to patient- Declined

Appendix 4: RTT DNA and CNA guidelines

DNA

Did not attend (DNA)

Patients who have not kept an appointment at any stage along the pathway and have not notified the organisation in advance are identified as 'did not attend' (DNA).

Did not attend (DNA)⁴¹

110. If the patient does not attend (DNA) an agreed appointment without giving notice, the patient should be removed from the waiting list and responsibility for ongoing care returns to the referrer. Appropriate notification of removal must be given to the patient and the referrer⁴².
111. If the consultant responsible for the patient considers that they should not, for clinical reasons, be removed from the pathway following a DNA, the clock will continue and no adjustment or reset can be applied⁴³. The organisation must actively seek to contact the patient to agree a new date for the appointment.

Clock stops if

139. If a patient DNAs an appointment, has a second CNA in the same stage of the pathway, or is unavailable for more than eight weeks, the clock will stop⁵³. The clock stop date will be the date the organisation is made aware of the event.

Appendix 5 : PTHB Audiology Ear Wax Removal Competency Record

Ear Wax Removal Competency Record Audiology, Powys Teaching Health Board

Trainee Name: Role: Workbase Address: Wax Removal Training course attended: Name of Trainer: Date: Certificate attached: Yes/No
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Assessor Details: Name: Role: Workbase Address: Qualification: Certificate attached: Yes/No Signature:

 The Objective of this competency record is to ensure that the trainee can demonstrate the knowledge and skills required to perform wax removal safely and effectively. Once a clinician has received theoretical and practical training in wax removal, they are required to carry out a number of procedures with direct observation from an Assessor with adequate training and experience. When the Trainee and the Assessor both feel that the trainee is competent, they may complete and sign off this Competency record. Once completed, this record confirms that the clinician:

- 1) Has received adequate training in otoscopy and wax removal
- 2) Is competent to perform otoscopy and wax removal safely and without direct supervision
- 3) Understands the contraindications to wax removal and works within the scope of their role

1. Preparation of Clinic and Equipment:

	<u>Trainee signature and date:</u>	<u>Mentor signature and date</u>
The practitioner has read the local guidance/protocol regarding the clinic and equipment preparation.		
The practitioner has been observed to adequately prepare the		

<p>clinical environment and equipment</p> <ul style="list-style-type: none"> • The area meets local infection control guidelines, cleaned prior to starting clinic, between patients and at the completion of the clinic. • PPE available for the practitioner • All equipment is checked and in date for planned maintenance. Equipment include: - <ul style="list-style-type: none"> ▪ Height adjustable seating and couch for the practitioner and patient ▪ Loupes/Microscope ▪ Suction machine ▪ Otoscope • Single use instruments required for the clinic. 		
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2. History Taking

	<u>Trainee signature and date:</u>	<u>Mentor signature and date</u>
The practitioner introduces him/herself to the patient, checks the patient details are correct and outlines the format of the appointment.		
The practitioner gains consent for the appointment to proceed		
The practitioner demonstrates the ability to take a full and accurate patient history relevant to manual wax removal, in line with the local SOP and the journal template in Auditbase		
The practitioner is able to enquire regarding any additional conditions or needs that the patient has, for example, the appointment to be carried out in Welsh language,		

mobility or visual difficulties, the need for a chaperone		
The practitioner shows awareness of any history that may prevent the wax removal procedure on this occasion		

3. Otoscopy

	<u>Trainee signature and date:</u>	<u>Mentor signature and date</u>
Otoscopy is safely performed in accordance to British Society of Audiology Recommended Procedures.		
The practitioner demonstrates an understanding of normal and abnormal otoscopy and can describe and document findings.		
The practitioner demonstrates an understanding of contraindications to carrying out wax removal		

4. Wax Removal

	<u>Trainee signature and date:</u>	<u>Mentor signature and date</u>
The practitioner provides a full explanation of the procedure, including the need to remain still and all potential complications following microsuction are discussed. The practitioner allows for any questions or concerns that the patient may have, and gains consent to proceed.		
<p>Procedure</p> <ul style="list-style-type: none"> • Practitioner positions his/her self correctly. (seated and maintains a good posturer) • Practitioner positions patient comfortably with their head resting securely. 		

<ul style="list-style-type: none"> • Practitioner uses microscope/ Loupes appropriately to gain optimum visualisation. • Practitioner selects the most appropriate size equipment i.e. specula, Gruber, Zoellner suction tip, fine end. • Practitioner maintains the correct pressure according to the suction machines manufacturer's guidance. • Should the practitioner need to use manual instrumentation, the correct tool is selected and used safely • Practitioner examines the ear following otoscopy guidelines following procedure. 		
<p>The practitioner is aware of the scope of their role, and of their limitations and halts the procedure if unable to remove the wax</p>		
<p>The practitioner gives appropriate after care advice (including if symptoms do not resolve.)</p>		
<p>The practitioner gives appropriate advice regarding self-management and future referral back into the service</p>		

5. Documentation and making referrals

	<u>Trainee signature and date:</u>	<u>Mentor signature and date</u>
<p>The practitioner records the appointment in Auditbase using the appropriate journal hotkey for a New / Follow Up appointment.</p>		

The practitioners record includes otoscopy prior to and post wax-removal procedure, and a record of any agreed plan for further treatment		
Follow Up appointments are offered and made within an appropriate timescale and correct management advice prior to the appointment is offered		
The practitioner makes any appropriate onward referrals to Ear Care or ENT or Audiology		

Comments / discussions

Plans for further study / practice

